

**Congregational Care Group Intake Form**

Name: \_\_\_\_\_ Birthdate (mm/dd): \_\_\_\_\_

Address 1: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ Facebook Name: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Spouse Birthdate (mm/dd): \_\_\_\_\_

Anniversary Date (mm/dd): \_\_\_\_\_

Children(s) and Birthdate(s): \_\_\_\_\_

\_\_\_\_\_

Preferred Method of Contact: \_\_\_\_\_

Ministries Active In: \_\_\_\_\_

Christian Education: Bible Study      if yes which class: \_\_\_\_\_

Sunday School      if yes which class: \_\_\_\_\_

Favorite Bible verse/story: \_\_\_\_\_

Team Assignment: 1<sup>st</sup> Preference: \_\_\_\_\_ 2<sup>nd</sup> Preference: \_\_\_\_\_

**Spiritual Gifts (Romans 12; 1 Corinthians 12; and Ephesians 12) (Check those that apply):**

X Prophecy X Service X Teaching X Encouragement X Giving X Leadership X Mercy X Word of Wisdom

X Word of Knowledge X Faith X Healing X Miraculous Powers X Discernment of Spirits X Speaking in

Tongues X Interpreting Tongues X Apostle X Prophet X Evangelist X Pastor X Teacher

**God-Given Talents (please list):**