CONGREGATIONAL INTAKE FORM

# Name of participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# Street Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# State/Province, ZIP/Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Phone number(s):  (\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_

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# E-mail Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Which programs, services or opportunities of the congregation do you wish to participate in? (Sunday worship, mid-week youth group, Bible study, etc.)

What are some of areas of strength and gifting you can share with us? (Drawing, writing, encouraging, reading, attitude, social relationships, following rules, paying attention, technology, athletics…)

What are some areas of struggles and challenge within this environment that you can share with us? (Drawing, writing, encouraging, reading, attitude, paying attention, social relationships, following rules, technology, athletics… as well as allergies, medical needs, etc.)

PHOTO/VIDEO RELEASE

I hereby authorize Friendship Ministries to publish photographs taken of me and/or the above-named minor/individual for use in print and online materials, including but not limited to such purposes as education, fundraising, publicity, illustration, advertising, and web content.

I attest that I am the parent or legal guardian of the minor/individual named above and that I have the authority to authorize use of their photographs and/or video of them.

I acknowledge that participation in publications and websites produced by Friendship Ministries confers no rights of ownership whatsoever and I release Friendship Ministries, its contractors, and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the above-named minor/individual.

# Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

# Print Name of Parent or Legal Guardian (if a minor or under the care of a guardian): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# State/Province, ZIP/Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_