

GETTING TO KNOW YOU

Date: _____

I ATTEND: **Worship Center**

5:30 pm (Sat.)

8:00 am Classic

9:30 am Classic

11:00 am Contemporary

Resonate (Chapel)

9:30 am

11:00 am

PERSONAL INFORMATION:

Mr. | Mrs. | Ms. | Dr. Name: _____
(First) (Middle Initial) (Last)

Address: _____

City: _____ Zip: _____

Home phone: () _____ Cell Phone: () _____

Email: _____

Date of Birth: _____

Family

Married? yes no (Spouse's name _____)

Birthdates and names of children (high school age and under) _____

SPIRITUAL LIFE INFORMATION

Grow

1. I have placed my trust in Christ as my Savior: yes no

If Yes, date and place _____

2. I have been baptized since trusting Christ as my Savior: yes no

If Yes, date and place _____

Connect

3. I am involved in a small group: yes no

If Yes, leader's name _____

4. I am currently involved in a spiritual mentoring relationship: yes no

Share

5. I have served God through my local church by

My current area(s) of ministry is _____

6. One way I am intentionally sharing my faith is _____

OPTIONAL INFORMATION

I would like EFCC to know that the following issue(s) have significantly impacted my life and spiritual development _____

I would like more information about Emmanuel Faith regarding _____

I would like to share the following with you _____

Thank you for helping us get to know you better! We look forward to growing together as we seek to honor God by living like Jesus!