



ChristCare Group Member Information

Name(s) _____

Address _____

City/State/Zip _____

Phone (Home) _____ (Work) _____

E- Mail _____

Personal Information (Please check all that apply.)

- Male Female Couple
- 18-24 25-34 35-44 45-54 55-64 65-74 75+
- Never married Married Widowed Separated/Divorced
- Salem attender Spouse of attender Friend of attender
- New in community Other _____
- Children: Number _____ Ages _____

Preferences for ChristCare Group Focus (Please check all that apply.)

- Prayer Bible Study Spiritual Growth Relationships
- Evangelism Social Ministry Other _____

Meeting Preferences (Please check all that apply.)

Would friends or relatives visit the group with you? No Yes If yes, how many? _____

Will you need transportation? No Yes

If yes, Every meeting Only night meetings Only in inclement weather

Will you need childcare? No Yes

Please check **all** times you are available for ChristCare Group meetings.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Would you like to host a ChristCare Group in your home? No Yes

Do you have special location or accessibility requirements? If yes, please note on back. No Yes