



# Getting to Know You Questionnaire

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Marital Status:  Single  Married  Separated  Divorced  Widowed

Spouse's Name \_\_\_\_\_ Anniversary (if applicable) \_\_\_\_\_

Your Birthday \_\_\_\_\_ Spouse's Birthday (if applicable) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Best Time to Call \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Best Time to Call \_\_\_\_\_

Work Phone \_\_\_\_\_ OK to Call Work?  YES  NO If Yes, When \_\_\_\_\_

My Occupation is \_\_\_\_\_

Company/Employer \_\_\_\_\_ Shift I work \_\_\_\_\_

Would you like to receive Pastor Chris' weekly email?  YES  NO  I Already Do

E-mail Address \_\_\_\_\_

I came as a guest of \_\_\_\_\_

Do you have personal relationships with anyone such that you would enjoy participating with them in a House Church?

If yes, who? \_\_\_\_\_

### How long have you been attending Grace Gathering?

0-4 months  4-12 months  1-3 years  4-10 years  10+ years

### Please indicate the status of your spiritual journey:

Investigating the Christian faith.  Growing in Christ for many years now.

New Christian  Not sure.  Professed faith in Christ but have not grown much in recent years.

### Grace Gathering encourages everyone to go through a couple foundational Bible studies:

Have you been through the *Seeking God and Finding Him* study?  YES  NO Would you like to go through it?  YES  NO

Have you been through the *Growing in Godliness* study?  YES  NO Would you like to go through it?  YES  NO

### I have been active in the following churches in the past:

Church Name \_\_\_\_\_ Years Involved \_\_\_\_\_ Location \_\_\_\_\_ Area(s) of Service \_\_\_\_\_

Church Name \_\_\_\_\_ Years Involved \_\_\_\_\_ Location \_\_\_\_\_ Area(s) of Service \_\_\_\_\_

Child's Name \_\_\_\_\_  Male  Female Birth Date \_\_\_\_\_ Grade \_\_\_\_\_ Lives With \_\_\_\_\_

Child's Name \_\_\_\_\_  Male  Female Birth Date \_\_\_\_\_ Grade \_\_\_\_\_ Lives With \_\_\_\_\_

Child's Name \_\_\_\_\_  Male  Female Birth Date \_\_\_\_\_ Grade \_\_\_\_\_ Lives With \_\_\_\_\_

Child's Name \_\_\_\_\_  Male  Female Birth Date \_\_\_\_\_ Grade \_\_\_\_\_ Lives With \_\_\_\_\_

Please include additional children's names on back of form.

Additional Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_