

# Connection Partner Information Form



Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_ Email Address \_\_\_\_\_

**Please check areas that apply below.**

Welcome Caller \_\_\_ Connection Partner \_\_\_ DATE \_\_\_\_\_

Ministry Leader \_\_\_ Pastor \_\_\_ Ministry Secretary \_\_\_

Day Phone \_\_\_\_\_ Eve Phone \_\_\_\_\_ Cell# \_\_\_\_\_ Fax \_\_\_\_\_

Church Member? \_\_\_; Date Started Attending Grace \_\_\_\_\_; Baptismal Date \_\_\_\_\_

Circle One		
Age 18-23	Age 24-30	Age 31-35
Age 36-40	Age 41-45	Age 46-50
Age 51-60	Age 61-70	Age 70+

Circle All That Apply		
Infant	Preschool	Elementary School
Junior High	Senior High	College
Adult	# Of Children	<input type="text"/>

Crisis Experience and Background			
Alcoholism	Divorce	Financial Crisis	Marriage Crisis
Child Rearing	Drug Abuse	Gambling	Pornography
Chronic Health Problems	Eating Disorders	Loss of Family Member	Victim of Abuse
Other Crisis/Health Issue Background _____			

Educational Background to Match Same Visitor Field (Circle Below)		
Some College	Professional Degree	Doctorate
College Degree	Master's Degree	Professional Certification

Ministry Involvements: (Circle "A" if you Attend "L" If you lead)			
A L 55+	A L Braille Ministry	A L Mentor	A L Stephen Ministry
A L Adult Bible Study	A L Children's Ministry	A L Men's Ministry	A L Women's Ministry
A L Altar Guild	A L College/Young Adult	A L Music Ministries	A L Youth Ministry
A L Arlington Charities	A L Greeter	A L Schools Ministry	A L _____
A L Arlington Life Shelter	A L Media/Sound Ministry	A L Small Group	

Spouse Name \_\_\_\_\_ Spouse Employment \_\_\_\_\_

### Additional Professional Information

Small Business Owner \_\_\_\_\_ Executive Management \_\_\_\_\_ Place of Employ \_\_\_\_\_

### Additional General Background Information (Hometowns you have lived in)

City \_\_\_\_\_ State \_\_\_ City \_\_\_\_\_ State \_\_\_

Please check in the table below the time you think you can commit to Connection Ministries

### CONNECTION PARTNER CALLS OPEN AT ANY ONE TIME

	1	2	3	4	5	6	7	8	9	10	Other
Open Assignments											

**NOTE:** The ConnectionPower™ Director will limit the number of calls assigned to you based on how you fill out the schedule above.

I pledge, to the best of my ability, to faithfully complete my ConnectionPower™ assignments.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date