startingpoint

A PLACE FOR CONVERSATIONS & QUESTIONS

GRASSLANDSCHURCH.COM

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Statistical

Name: _____ Phone: _____

Address: _____

_____

E-mail: _____

Spouse (if married): _____

Children: _____ Age: _____

_____ Age: _____

_____ Age: _____

_____ Age: _____

Background

Where were you born/raised? _____

How long have you lived in Medicine Hat? _____

Describe your religious/church background: _____

_____

How did you discover Grasslands? _____

What is your occupation? _____

What are your skills/talents? _____

What are your hobbies/interests? _____

Satisfaction

How long have you attended Grasslands services? _____

What do you like best about Grasslands? _____

_____

What would you change about Grasslands? _____

_____

Spiritual

How would you describe your spiritual life? _____

_____

_____

If you were to die today, do you believe that you would go to heaven?

☐ Yes ☐ No ☐ Not Sure

Why or why not? _____

_____

_____

_____

_____

Have you ever been baptised? ☐ No ☐ Yes; If yes, at what age? _____

What method? ☐ Immersion ☐ Sprinkle ☐ Pour ☐ Other