

Date: _____

Guts Church

Request for Personal Ministry

Personal ministry at Guts Church is intended to support and equip church members with a biblical perspective for issues of concern in their lives. We believe that lasting victory comes about through a relationship with Jesus Christ, a lifestyle of renewing your mind to Biblical promises and accountable Christian relationships.

Name(s): _____

Address: _____

City/State/Zip: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

* If requesting marriage ministry, please include date of when you were married _____

Have you made Jesus the Lord of your life? Yes No

If you answered yes to the above, how long have you been a believer? _____

If this request involves a spouse have they made Jesus Lord of their life? Yes No

If yes, how long have they been a believer? _____

Have you completed our membership class? Yes No If so, when? _____

Nature of your need (please be specific):

*** Please sign Liability Release form on back ***

** Please notify the office, within 24 hours, if you must cancel your appointment. **

** Office hours are 9-5 Mon.-Thur. Cancellations may take up to 2 weeks. **

<< Upon completion, fold and place into the envelope and return to the Info Center. >>

----- Office Use Only -----

Session Date: _____ Time: _____

Minister(s): _____

Liability Release on file? Yes No