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 **INSTANT CHANGE**

**Address:**

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 **APPLICATION FORM**

**Family Spiritual Support Group Registration Form**

**Purpose:** This form helps us understand your family's spiritual needs and how we can support you through group prayer, encouragement, and fellowship.

**🧾 Family Information**

* **Family Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Primary Contact Person:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Preferred Method of Contact:** ☐ Phone ☐ Text ☐ Email

**👨‍👩‍👧‍👦 Household Members**

| **Name** | **Age** | **Relationship** | **Special Spiritual Needs/Requests** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

(Add more rows as needed)

**🙏 Spiritual Background & Interests**

* **Religious/Spiritual Affiliation (if any):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Do you currently attend a place of worship?** ☐ Yes ☐ No
	+ If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **What type of spiritual support are you seeking?** (check all that apply)
☐ Group Prayer
☐ Emotional Support
☐ Faith-Based Counseling
☐ Scripture Study
☐ Fellowship/Community
☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**🕊️ Availability**

* **Preferred Meeting Days:** ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun
* **Preferred Time:** ☐ Morning ☐ Afternoon ☐ Evening

**💬 Anything You’d Like Us to Know?**

*(Share any concerns, prayer requests, or how we can best support your family spiritually)*

**Confidentiality Notice:** All information provided is confidential and will only be used by the support group facilitators for spiritual support purposes.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_