Office Only
Date



## **WCT Ministry Request Form**

Personal Data							
Name		Birth Date Sex					
Street Address							
					Zip Code		
Home Phone		Cell B			_ Business		
Are you a membe	er of Briarwoo	d?					
What congregatio	nal communit	y do you attend? _					
Marriage and Fa	<u>ımily</u>						
Marital Status:	Single □ Steady Dating □ Engaged □ Married □ Separated □ Divorced □ Widowed □						
Spouse	Birth Date						
Information about	t children:						
Name			Age	Sex	Living	Step Child	

Please answer the following as completely as possible:
Briefly describe the reason for your request:
What do you most hope to gain or what do you most hope will change through meeting with a WCT member?
Who can you count on for support? Circle as many as apply
Parents Spouse Siblings Employer Church Pastor Therapist Neighbor
Extended Family Close Friend(s) Co-worker(s) Medical Doctor
What do you consider to be the role of God in your recovery?
Are there any other things that would be helpful for your WCT member to know about you?