

The Emerging Journey Application...

Name of Local Church

Name: _____

Address: _____

Phone: _____

Email: _____

Birthday: _____

We are excited about your interest to participate in *The Emerging Journey*. The following questions are designed to help provide us a perspective on your faith journey. Your application will be processed by the *Emerging Journey Coordinating Team*, led by _____. Please complete the following information to the best of your ability and return it to the church office by _____.

PERSONAL

Age: (please circle) 18-24 25-34 35-44 45-54 55-64 75-84+

Marital Status: (please circle) single married widowed divorced re-married

Children: number: _____ ages: _____

QUESTIONS

♦ Tell us briefly how you became a Christian.

• Please describe your *present walk* with God.

• What would you say it would look like for you to *finish your life* well?

• What do you hope for from participation in *The Emerging Journey*? Any concerns?

If you had a preference for a meeting time, which would you choose? (Circle One)

• Sunday evenings, 7:30 – 9:30pm

• (Insert dates that are options.)

• Monday evenings, 7:00 – 9:00pm

Thank You. Please return to the church office or to _____ by _____