

GETTING TO KNOW YOU

NAME:

FAVORITE...

Sweet treat:

Salty treat:

Color:

Movie:

Tv show:

Book:

Food:

Drink:

Sport:

Season:

BEST CONTACT NUMBER:

DO YOU TEXT?

ALLERGIES/DIETARY
RESTRICTIONS:

PLACES YOU HAVE LIVED:

IF STRANDED ON A DESERT ISLAND- WHAT THREE
THINGS WOULD YOU TAKE:

- 1.
- 2.
- 3.

FUN FACT ABOUT YOURSELF:

HOBBIES, TALENTS, THINGS YOU LIKE TO DO:

GETTING TO KNOW YOU MINISTERING!

PLEASE RETURN TO A MEMBER OF THE RELIEF SOCIETY!

BEST TIME FOR VISIT: DAY OR NIGHT

ARE YOU ABLE TO MAKE CONTACT WITH THE PEOPLE YOU ARE ASSIGNED?

HAVE YOU BEEN CONTACTED BY THOSE ASSIGNED TO MINISTER TO YOU?

DO YOU HAVE ANYONE WHO WILL NOT LET YOU VISIT THEM?

ARE THERE ANY ISSUES WITH YOUR COMPANIONSHIP WE CAN HELP YOU ADDRESS?

IS THERE ANYONE YOU NATURALLY MINISTER TO?

ARE THERE ANY CHANGES TO YOUR MINISTERING ASSIGNMENTS YOU WOULD LIKE US TO CONSIDER?

BIGGEST MINISTERING STRUGGLE?

ANYTHING ELSE?