



**SPIRITUAL LIFE
INFORMATION FORM**
{FRM 02.08}

Name (Printed): _____

Street Address: _____ Brooksville, FL 34601

Phone: _____ Email: _____

If the Wesleyan Village Spiritual Life Coordinator or member of the Neighborhood Shepherd's Team is made aware of a personal medical emergency or family trauma, I request the following:

Brooksville Wesleyan Church will be considered my primary source of ministry. You have my permission to make contact with the church.

I prefer another church/pastor as my primary source of ministry. You have my permission to make contact with the following church and or pastor:

Church: _____

Pastor: _____ Phone: _____

The Wesleyan Village Spiritual Life Coordinator or my Neighborhood Shepherd will be considered my primary source of ministry.

Wesleyan Village has my permission to publicly share a personal medical emergency or family trauma for the purpose of prayer support.

Signature: _____ Date: _____

Note: Please keep this form updated with the Spiritual Life Coordinator.

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An Active Adult Christian Community