

The People Place Membership & Social Services Intake Form

Thank you for your interest in *The People Place*! We are here to support you spiritually and personally. Please complete this form so we can better serve you.

Personal Information

Full Name: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

Address: _____

Preferred Method of Contact? () Phone () Email () Text

Spiritual Background

1. Do you currently attend a church? () Yes () No
○ If yes, where? _____
2. What led you to *The People Place*? (Check all that apply)
() Spiritual Growth
() Community Support
() Personal Healing/Restoration
() Social Services Assistance
() Other: _____
3. Would you like to be connected with a mentor or prayer partner? () Yes () No

Membership Interest

1. Are you interested in:
() Becoming a member
() Attending services only
() Volunteering
() Joining a small group or ministry
() Other: _____
2. What areas of faith or personal growth would you like support with?

Social Services Assistance (If Applicable)

1. Are you in need of any of the following resources? (Check all that apply)
() Food Assistance
() Housing Support
() Job Placement/Career Assistance
() Counseling Services
() Addiction Recovery Support
() Financial Assistance Guidance
() Other: _____
2. Please briefly describe your current needs or challenges:
3. Do you have any immediate concerns or urgent needs? () Yes () No
○ If yes, please describe: _____

Additional Information

1. Do you have any special skills or talents you'd like to use in service?
2. How did you hear about *The People Place*?
() Friend/Family

- () Social Media
- () Event/Outreach
- () Other: _____

Confidentiality Notice: Your information is kept private and used only to connect you with the appropriate services and support within *The People Place*.

Signature: _____ **Date:** _____



WWW.THEPEOPLEPLACE.COM