



# SPIRITUAL GUIDANCE AND MINISTRY

By providing my information, I am allowing Victory to process my information.

Are you a Victory member?  Yes  No If yes, for how long? \_\_\_\_\_

Which worship service do you attend? \_\_\_\_\_

Who is your Victory group leader? \_\_\_\_\_

PERSONAL INFORMATION	
Name _____	
Mobile number _____	
Landline _____	
Email address _____	
Occupation _____	Age _____
Father's name _____	Age _____
Mother's name _____	Age _____
Siblings' ages _____	
CONTACT PERSON IN CASE OF EMERGENCY	
Name _____	
Contact number _____	

ADDITIONAL NOTES
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REMARKS OF THE INTERVIEWER
SUMMARY
Was this the first request? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is the nature of the concern? _____ _____
Describe the current situation. _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

FOR ADMIN USE
Received by _____ Date _____

- Notes
1. Applicants will be advised via phone or email when the meeting schedule has been set with the pastor.
  2. Please call \_\_\_\_\_ at \_\_\_\_\_ for any questions or inquires.
  3. This form was received by \_\_\_\_\_ on \_\_\_\_\_.