



**SPIRITUAL LIFE
INFORMATION FORM**
(FRM 02.08)

Name (Printed): _____

Street Address: _____ Brooksville, FL 34601

Phone: _____ Email: _____

If the Wesleyan Village Community Chaplain or member of the Chaplaincy team is made aware of a need or concern in my personal life, I request the following:

- The Wesleyan Village Community Chaplain or Chaplaincy team will be considered my primary source of ministry.
- 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: _____

- Thank you for your concern. However, I will take responsibility for any arrangements I deem necessary for ministry in a time of spiritual need.
- Wesleyan Village **DOES** have my permission to publicly share (via email, Phonevite, etc.) information about my need or concern.
- Wesleyan Village **DOES NOT** have my permission to publicly share (via email, Phonevite, etc.) information about my need or concern.

Signature: _____ Date: _____

Note: Please keep this form updated with the Chaplaincy team.

8225 Wesley Drive
Brooksville, FL 34601
352.799.1644
www.wesleyanvillage.org
An Active Adult Christian Community