

Central Baptist Church

1909 East Rusk Street
Jacksonville, TX 75766
903-586-2215

Special Needs Profile - Adult

Date: _____

Name: _____ Birthdate: _____

Address: _____

Phone: _____

Email: _____

Emergency Contact name and phone: _____

What are your interests and strengths? (For example: Reading, Music, drawing, cooking, computers, exercise, fishing, etc.) _____

Do you have any medical conditions or have a special need that might be helpful for us to know about? _____

Please explain how your medical condition or special need(s) affect your participation in church?

What things might be more difficult for you right now? _____

Is there any other information that might be helpful for us to know? _____

If someone other than the individual named completed this survey, please sign your name below and describe your relationship to the person named.

Name: _____ Relationship: _____