



All Things New Participant Registration

Please print legibly and answer every question. Circle response where applicable.

Date: _____

Last Name _____ First Name _____

Street Address _____

City _____ State _____ Zip Code _____

Home # _____ Work # _____ Cell # _____

E-mail Address _____ Date of Birth (mo/day/year) _____

Thank you for your interest in this Ministry. To better serve you during the course of this Bible study, we request that you complete the following questions and bring this form with you on the first day of class. We understand the sensitive nature of these questions and the fact that it may be difficult for you to reveal this information. Please do the best you can to answer the questions truthfully and know that your confidentiality is highly respected.

Have you ever, or do you currently personally experience Same-Sex Attraction (SSA)?
Yes No

If Yes – please explain (how recently, how long, were you ever in a committed Same Sex Relationship? how many relationships?). Note: if you need more space, continue at the bottom of the second page.

What would you like to get out of your participation in this Discipleship Ministry?
