

Adult Questionnaire

Full Name:	
Address:	
Phone Number:	_ Sunday School Community*:
*If you are not a member of a Sunday School happy to connect you with a Sunday School	ol Community or are new to Covenant, please answer "NA" and we would be Community.
What would you like us to know al us to be aware? (physical, social, e	oout your disability or any other needs of which you would like notional, spiritual, etc.)
Is there anything that would help y	ou participate more fully in church?
What has been the most challenging	g aspect of church for you and your family?

We may follow up with you for an interview or you may request one. Thank you for providing this

information. Please return this form to Katie Flores, Director of Enfold Disability Ministry

(kflores@covpres.com; 65 Old Montgomery Hwy, Homewood AL 35209).