

Trusted Servant Given To: _____

OUTREACH GROUP VISITATION FORM

NAME OF GROUP: _____

DAY(S) & TIME OF MEETING: _____

ADDRESS: _____

*DOES THE GROUP REQUEST OUTREACH'S ASSISTANCE?

YES

NO

*IN WHAT AREA(S) DOES THE GROUP NEED HELP?

MEETING ATTENDANCE

HOME GROUP MEMBERS

TRUSTED SERVANTS: _____

*WHAT SERVICE POSITIONS ARE CURRENTLY FILLED?

GSR

SECRETARY

TREASURER

*WHAT WORKSHOPS OR LEARNING DAYS WOULD THE HOME GROUP MEMBERS
LIKE TO SEE OUTREACH FACILITATE: _____

*GROUP CONTACT: _____

*PHONE NUMBER: _____

ADDITIONAL COMMENTS: _____

Please return completed form to:

coascna.outreach@gmail.com