

Shade Tree Ministries

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The following questionnaire / application is designed to help us serve you better. Please answer frankly and as completely as possible. Please print clearly.

NAME(s) _____

Church / Organization you are associated with _____

Title / Position _____

Spouse employment _____

Home Address _____

_____ zip _____

Phone numbers _____

email address _____

Church / organization address and phone _____

Contact person(s) within your church or organization that you consider a trusted friend.

Their phone number or email address _____

Number of years of service in this position _____

Total years of service in the ministry. _____ List other areas of service _____

Are you ordained _____ Licensed _____ Certified _____ Please list educational levels:

MEDICAL & DIETARY NEEDS Please answer for both.

Do you have any food allergies ? _____

List any common foods that you do not eat _____

Do you eat : Beef _____ Chicken _____ Pork _____

Fish _____ Shrimp / Shell Fish _____ Venison _____

Do you like Mexican food _____ Italian _____ Southern / Country _____

Are you a Diabetic ? _____

What type drinks do you prefer ? _____

Do you have any other physical conditions or needs that we should be aware of ? _____

Can you climb stairs to a second level ? _____

Do you have other allergies (such as animal, particular trees, seasonal, etc...) _____

INTEREST

Do you enjoy any of the following : water sports _____ swimming _____

hiking _____ reading _____ movies /TV _____

cards / board games _____ rec. sports _____ travel _____

What are your hobbies _____

FAMILY

Do you have children / grandchildren ? _____ Tell us about them : _____

Other pertinent family history (Such as the care of aging parents or recent loss of family members)

When and where was your last vacation ? _____

Is there anything else that you would like to share about yourself or your situation ? When visiting Shade Tree, you will have the opportunity to share in greater detail.
