**Spiritual Gifts Visitation**

Date \_\_\_\_\_\_\_\_\_\_

Name

Address

Phone #

1. Do you know your spiritual gift?
2. How have you served in the past?

What positions or jobs have you done?

What ministries have you been involved in?

1. Has servicing been energizing? (Fun & Joyful)

Or has it drained you? (Leaving you feeling tired & burned out)

1. If you could do one ministry to change your world, what would it be?
2. What can the local Adventist Church do to support you & your ministry passion?
3. How is your spiritual walk?

How are you getting spiritual exercise?

1. What stage are you at? What stage is your ministry at? (mark a box)

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