**Story and Testimony Report Form**

We want to hear the stories and testimonies of how the care groups have been a blessing.  Examples might include: answers to prayer, improvement of health, a happier lifestyle, introduction or growing friendship with Jesus, or support and encouragement of Adventist friendships developed through the care group.

Make sure you get permission from person giving testimony to share publicly, and then include the person’s name with your report. Please include 2-3 pictures to go along with the testimony. Please type out the testimony on a separate paper, along with photos, and turn in along with this report. The length should be between 200-300 words.

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| --- | --- |
| Date of report: |  |
| Date of when testimony sharing took place: |  |
| Where the testimony sharing took place (city and church): |  |
| Name of person reporting the testimony: |  |
| Name of person giving testimony: |  |
| Story or Testimony (include what impact this experience had on the individual, family, church, and community). Use separate paper if needed. |
| Permission received from person giving testimony to use publically |
| Contact information for person giving testimony (email)  | (Phone #) |
| Photos (2-3) included to go along with your story |

FORM SUBMITTED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (NAME) (DATE)

CONTACT INFORMATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (EMAIL) (PHONE NUMBER)

***\*Please submit this form, along with attached story and photos to:***

***Mrs. Helen Gulfan (hgulfan@ssd.org) and Mrs. Dawn Venn (dawnvenn@ssd.org)***