**Baptist Chaplaincy Relations Quarterly Report**

Name: Click or tap here to enter text.

Date: Click or tap to enter a date.

Email Address: Click or tap here to enter text.

Mailing Address (with state and zip code): Click or tap here to enter text.

Cell Phone Number: Click or tap here to enter text.

Work Phone Number: Click or tap here to enter text.

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| --- |
| **ENDORSEMENT TYPE**(Check all that apply) |
| [ ]  Healthcare | [ ]  Military |
| [ ]  Corrections | [ ]  Public Safety |
| [ ]  Crisis Response | [ ]  Lifestyle (all others) |
| [ ]  Marketplace |  |

**Five Questions**

1. How is God working in your personal and professional life?

Click or tap here to enter text.

2. What ministry story can you share? If possible, share a picture.

Click or tap here to enter text.

3. What challenges are you facing at this time and is there any way you would like the endorser to assist?

Click or tap here to enter text.

4. Do you have a concern or issue you would prefer to talk over the phone with or in person?

Click or tap here to enter text.

5. Do you anticipate any major changes in the next six months?

Click or tap here to enter text.