



Churches and Organization with Disability Ministry

Your Name: _____ Phone or Email: _____
 (Please Note: this information will only be used to contact you if we need further information;
 it will not be placed on any mailing list.)

Church/Organization: _____

Denomination/Affiliation: _____

Name of Disability Ministry: _____

- OR... We are planning to reach out to the disability community -- please contact us next year.
 We have no plans for a disability ministry -- please remove us from your contact list.

Contact Name/Position: _____

Church/Org Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ TTY: _____

Fax: _____ 800: _____

E-mail: _____ Website: _____

Average Attendance of Church Membership: _____

Average Attendance of Disability Ministry: _____

Disability Emphasis

What is your disability emphasis?

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Deaf | <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Blind | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Physically Disabled | <input type="checkbox"/> Developmental Disabilities | |
| <input type="checkbox"/> Learning Disabilities | | <input type="checkbox"/> Other: _____ | |

Facility Accessibility

Does your facility have:

- | | |
|---|--|
| <input type="checkbox"/> Designated parking | <input type="checkbox"/> Accessible restrooms |
| How many spaces? _____ | <input type="checkbox"/> Hallway — at least 36" wide |
| <input type="checkbox"/> Curb cuts | <input type="checkbox"/> Doors — at least 36" wide |
| <input type="checkbox"/> Ramps | <input type="checkbox"/> Automatic doors |
| <input type="checkbox"/> Elevators | <input type="checkbox"/> Audio amplification (Listening systems) |
| <input type="checkbox"/> Other: _____ | |

Current Disability Ministry

IMPORTANT: Please provide a complete description for each ministry which applies.

- Sunday School Classes _____

- Bible Studies _____

- Support Groups _____

- Deaf Interpretation _____

- Retreats/ Camps _____

- Conferences/Workshops _____

- Disability Ministry Training _____

- Transportation _____
 - Wheelchair accessible?
- Respite _____

- Caregivers _____

- Other Ministries or Pertinent Information: _____

REMINDER: Please be sure to have your Senior Clergy or Chief Executive Officer sign the enclosed Joni and Friends Statement of Faith in order to authorize participation in our project.



Statement of Faith

1. We believe the Bible to be the inspired, the only infallible, authoritative Word of God.
2. We believe that there is one God, eternally existent in three Persons: Father, Son and Holy Spirit.
3. We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.
4. We believe that for the salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential.
5. We believe in the present ministry of the Holy Spirit by Whose indwelling the Christian is enabled to live a godly life.
6. We believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation.
7. We believe in the spiritual unity of believers in our Lord Jesus Christ.

As Senior Clergy or Chief Executive Officer of _____,
I agree with the Statement of Faith shown above and authorize participation of our
congregation in the Joni and Friends Churches/Organizations with Disability Ministries
project.

Signature

Date