



“Holding Up The Hands Of Those Who Are Weary.”

**Welcome!**

Please complete the following questionnaire/application, designed to help us understand and meet your specific needs during your visit. Your honest and detailed responses will greatly help us provide you with the best possible experience.

**Let Us Get Acquainted.**

**PERSONAL INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

In What State(s) or Country(ies) Have You Served?: \_\_\_\_\_

What Title/Position: \_\_\_\_\_

Number of Years of Service in Present Position? \_\_\_\_\_

Total Years in Ministry: \_\_\_\_\_

Other Areas of Service: \_\_\_\_\_

What are You Looking for, and What Do You Hope to Gain From Your Time at Hur House?

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### **AFFILIATION:**

Church or Missions Organization: \_\_\_\_\_

Address or Missions Organization: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person(s) within Your Church/Organization that You Consider a Trusted Friend.

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **MEDICAL & DIETARY NEEDS**

Do You Have Any Food Allergies or Sensitivities? Yes \_\_\_\_\_ No \_\_\_\_\_

Do You Have Any Other Allergies or Sensitivities, Such as Animal, Particular Trees, or Fabrics? \_\_\_\_\_

Do You Have Diabetes or Any Other Illness of Which We Should be Aware?

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Please List Any Common Foods that You Do Not Eat: \_\_\_\_\_

What Cuisines Do You Enjoy the Most (Italian, Country, Asian, etc.)?

What Drinks Do You Prefer?

Do You Have Any Other Physical Conditions or Needs of Which We Should Be Aware?

Can You Climb Stairs? Yes \_\_\_\_\_ No \_\_\_\_\_

## INTERESTS & HOBBIES

What are Some of Your Hobbies Or Interests?

## FAMILY

Do You Have Children/Grandchildren? *(We Would Love to Hear About Them)*

Number of Children Joining You at Hur House?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please List Names and Ages:

Name: \_\_\_\_\_ Ages: \_\_\_\_\_

Name: \_\_\_\_\_ Ages: \_\_\_\_\_

Name: \_\_\_\_\_ Ages: \_\_\_\_\_

Name: \_\_\_\_\_ Ages: \_\_\_\_\_

Name: \_\_\_\_\_ Ages: \_\_\_\_\_

## OTHER

**Please List Any Other Pertinent and Recent Family History** (*Such as care of aging parents, or recent loss of family members*)

When and Where Was Your Last Vacation Or Furlough?

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Please Use This Space to List Anything Else You Would Like to Share About You or Your Situation.

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Additionally, Please Note that While Visiting Hur House, You will Have the Opportunity to Share More Details, If Desired.

**Paul & Hope Cheshier**

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