

## Guardian Angel Program Questionnaire

Please take time to thoughtfully complete the following so that your "Angel" can pray for you. Be specific, thorough, and avoid abbreviations.

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Initial: \_\_\_\_\_

Gender: Male Female Birthday (M/D/Y): \_\_\_\_\_

Grade: \_\_\_\_\_ School Name: \_\_\_\_\_

Favorite classes: \_\_\_\_\_

Activities: \_\_\_\_\_

Other people in my family: \_\_\_\_\_

Hobbies, other interests: \_\_\_\_\_

Volunteer projects: \_\_\_\_\_

Involvement at St. Tim's: \_\_\_\_\_

Music I enjoy, favorite musicians: \_\_\_\_\_

Kind of books I like to read: \_\_\_\_\_

Favorite type of candy: \_\_\_\_\_

Favorite Bible story, passage, or verse: \_\_\_\_\_

Favorite Christian holiday: \_\_\_\_\_

Special things I would like my Guardian Angel to pray about this year:

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Other things I want my Guardian Angel to know about me:

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Parents: What wonderful things about your son/daughter would you like this 'Angel' to know?

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I consent for the information on this form to be shared with a registered St. Timothy's 'Guardian Angel,' who has passed required background check, for prayer and spiritual encouragement only.

\_\_\_\_\_  
Youth Signature

\_\_\_\_\_  
Parent Signature

*\*Signatures to be removed before passed onto Guardian Angel*