



ID: _____

Life Team’s Contact Information

Life Team Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Website: _____

Person Completing Form: _____

Life Team Leader and Members

Life Team Leader Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Current Co-Leader (if applicable): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Member Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Member Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Member Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Member Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Member Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Member Name: _____

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City: _____ State: _____ Zip Code: _____

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Member Name: _____

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City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Member Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Member Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Member Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Life Team Church Information

Church Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

1. How often does your Life Team meet?

- Monthly
- Bi-monthly
- Quarterly
- Other _____

2. How does your Life Team meet? (Check as many as apply.)

- In-person at church
- In-person at a home
- Zoom or other online service
- Other _____

3. Self-evaluate your Life Team's activity level.

- Very active
- Somewhat active
- Inactive

4. Provide a brief explanation of your answer to Question 3.

5. Share projects your Life Team engaged in during 2025. (Please feel free to share pictures. Project images can be uploaded on the last page or emailed to anicks@lutheransforlife.org.)

Project: _____ Date: _____ # of Participants: _____

Project Description:

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Project: _____ Date: _____ # of Participants: _____

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Project: _____ Date: _____ # of Participants: _____

Project Description:

6. Blessings in 2025:

a. How has God blessed your Life Team?

b. What was your greatest satisfaction?

c. In what ways did the Lord multiply your efforts or open new opportunities to share His love For Life?

d. What can you share with other Life Teams that would benefit them based on your experiences?

7. Share any additional information you think would be helpful.

8. Whom may we contact from your Life Team for interviews to discuss these projects?

Add additional members here:

Click on image boxes below to upload project photos.

