

# Member Experience

## Interest Survey

To our new and current members, please know that we value your judgment, we appreciate your opinions, and we rely on your participation for the continued success of our council and parish. Our Knights of Columbus council conducts a variety of programs – activities where you can personally apply your talents and fulfill your ambitions. In an effort to ensure a great Knights of Columbus council experience, we ask that you complete the following survey. Thank you and *Vivat Jesus!*

### GENERAL INFORMATION

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

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Marital Status: ☐ Married ☐ Single ☐ Widower If Married, Wife's Name: \_\_\_\_\_

Number of Children: Boys \_\_\_\_\_ Girls \_\_\_\_\_

Occupation: \_\_\_\_\_ Parish/Church: \_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_

### FAITH IN ACTION PROGRAMS

Please list your preferences for those Faith in Action programs you would be interested in volunteering at or attending.

FAITH	FAMILY	COMMUNITY	LIFE
<input type="checkbox"/> General Interest in Programs Designed for Faith Formation	<input type="checkbox"/> General Interest in Programs Designed to Strengthen Families	<input type="checkbox"/> General Interest in Programs Designed for Community Service	<input type="checkbox"/> General Interest in Programs Designed to Create a Culture of Life
<input type="checkbox"/> Into the Breach	<input type="checkbox"/> Family of the Month	<input type="checkbox"/> Disaster Preparedness	<input type="checkbox"/> Christian Refugee Relief
<input type="checkbox"/> Pilgrim Icon Program	<input type="checkbox"/> Keep Christ in Christmas	<input type="checkbox"/> Free Throw Championship	<input type="checkbox"/> Silver Rose
<input type="checkbox"/> Build the Domestic Church Kiosk	<input type="checkbox"/> Family Fully Alive	<input type="checkbox"/> Soccer Challenge	<input type="checkbox"/> Pregnancy Center Support
<input type="checkbox"/> Rosary	<input type="checkbox"/> Family Week	<input type="checkbox"/> Helping Hands	<input type="checkbox"/> Aid & Support After Pregnancy (ASAP)
<input type="checkbox"/> Spiritual Reflection	<input type="checkbox"/> Consecration to the Holy Family	<input type="checkbox"/> Catholic Citizenship Essay Contest	<input type="checkbox"/> Novena for Life
<input type="checkbox"/> Holy Hour	<input type="checkbox"/> Family Prayer Night	<input type="checkbox"/> Coats for Kids	<input type="checkbox"/> Mass for People with Special Needs
<input type="checkbox"/> Sacramental Gifts	<input type="checkbox"/> Good Friday Family Promotion	<input type="checkbox"/> Global Wheelchair Mission	<input type="checkbox"/> March for Life
<input type="checkbox"/> Refund Support Vocations Program (RSVP)	<input type="checkbox"/> Food for Families	<input type="checkbox"/> Habitat for Humanity	<input type="checkbox"/> Special Olympics
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Ultrasound
			<input type="checkbox"/> Other: _____

How much time do you think you can contribute to council activities?

☐ 1 hour per month ☐ 1 hour per week ☐ Multiple hours per week

What are some ideas you have for new or improved programs? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you be able to assist in leading any new or improved program? ☐ Yes ☐ No

What do you hope for your membership in our council? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please submit this form to your Grand Knight

