



WOMEN'S MINISTRY

Survey

Name: _____

Address: Street _____

Apt. # _____

City _____ Zip Code: _____

Home Phone: _____ Cell: _____

Email: _____

Birthday: _____ Anniversary: _____

Are you a family caregiver? yes no

If yes, for whom? _____

- single
- married
- widowed

Number of Children

- at home _____
- adult children _____
- none

Work

- full time
- part time
- at home
- outside of home

When would you like to attend meetings?

- weekly biweekly
- monthly every other month

What time of the day would you like to attend meetings?

- morning afternoon evening

Are you currently active in our women's group?

- yes no

What is your greatest need from our women's ministry?

- Bible studies
- encouragement
- fellowship
- learning/mentoring
- place of service
- prayer support
- other _____

How do you think our women's group can make a greater impact on the community?