

Every Member Survey (Resources for Personal Ministry)

Your church is serious about helping you grow spiritually and share your love for Christ. Please check the items that apply to you.

1. Having a Resource Center in my church where I can borrow timely religious books and videos will be useful to me? ___ Yes ___ No

2. These are the areas I'm interested in: (Please do not check more than 10)

- | | |
|--|---|
| <input type="checkbox"/> Parenting | <input type="checkbox"/> Outreach ministry |
| <input type="checkbox"/> Single-parenting | <input type="checkbox"/> Personal evangelism |
| <input type="checkbox"/> Divorce support | <input type="checkbox"/> End-time issues |
| <input type="checkbox"/> Marriage enrichment | <input type="checkbox"/> How to know Jesus |
| <input type="checkbox"/> Men's issues | <input type="checkbox"/> Giving Bible studies |
| <input type="checkbox"/> Women's issues | <input type="checkbox"/> Christian lifestyle |
| <input type="checkbox"/> Aging parents | <input type="checkbox"/> Understanding my faith |
| <input type="checkbox"/> Dating | <input type="checkbox"/> Church standards |
| <input type="checkbox"/> Substance abuse | <input type="checkbox"/> Practical Christianity |
| <input type="checkbox"/> Suicide | <input type="checkbox"/> Youth Sabbath school helps |
| <input type="checkbox"/> Adolescent issues | <input type="checkbox"/> Children's ministry |
| <input type="checkbox"/> Family Finances | <input type="checkbox"/> Vacation Bible School |
| <input type="checkbox"/> Investments | <input type="checkbox"/> Pathfinders |
| <input type="checkbox"/> Estate Planning | |

3. If fresh products are available in these areas, I will use them:

a. ___ Once a week. b. ___ Twice a month. c. ___ Once a month. d. ___ Never.

4. I would be willing to donate some of my resources to help make this ministry a reality: ___ Yes ___ No

5. Here are the areas I'm willing to help with:

a. ___ Time. b. ___ Money. c. ___ Donate specific products.

6. Optional: Name, address and phone number:

Name _____

Address _____

State _____ Zip _____

Phone _____ E-mail _____