

PARISH MINISTRY OF CARE

Needs Survey

Our pastoral team is concerned about the health and well-being of our parish community members. We would appreciate your input regarding your own health/healing/faith needs and those of others.

The information you share with us will be kept in strictest confidence.
Please place your survey in the designated box at the church entrance.

Please check the appropriate answer:

Age: (13-18) (19-25) (26-35) (36-50) (51-65) (65+)

Gender: Female Male

Marital Status: Single Married Divorced Widowed Separated

How can we help?

Communion Home Visit Phone or e-mail visits Transportation

If you are asking for help for yourself, please give us your name and phone number:

Name _____

Phone Number _____

If you are asking for someone else in need, please contact them to get their permission before you make their name known. This protects their privacy.

Name _____

Phone Number _____

Name _____

Phone Number _____

Let us know if you would be interested in being a volunteer to assist others with their needs, for example, helping out with child care, meals, transportation to physician's office, communion, home visits, phone calls, etc. Please call the parish office.

Thank you for participating in this survey.

Sincerely,
Your Pastor and Parish Team