



You are a valued member of this council. We value your judgment, we appreciate your opinions, and we rely on your participation for our continued success. Since joining the Knights of Columbus, you have undoubtedly become familiar with many of our varied programs of involvement—programs where you can personally apply your talents and fulfill your ambitions. In an effort to satisfy your desires and interests, we ask that you complete the following survey and return it to our program director. Or better yet, bring it with you to the next council meeting.

**GENERAL INFORMATION**

Date: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State or Province: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**SERVICE PROGRAM INVOLVEMENT**

Please list your preferences for possible committee assignments. Mark those areas which you find exciting, challenging and promising.

**PROGRAMS**

- | CHURCH                                       | COMMUNITY  | COUNCIL                                   | FAMILY  | CULTURE OF LIFE                                  | YOUTH   |
|--|--|---|---|--|---|
| <input type="checkbox"/> Vocations/RSVP      | <input type="checkbox"/> Health Services           | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Survivor's Assistance    | <input type="checkbox"/> Baby Bottle Campaign    | <input type="checkbox"/> Columbian Squires    |
| <input type="checkbox"/> Parochial Services  | <input type="checkbox"/> Civic Involvement         | <input type="checkbox"/> Fraternalism     | <input type="checkbox"/> Family of the Month/Year | <input type="checkbox"/> Pro-Life Baby Showers   | <input type="checkbox"/> Youth Groups         |
| <input type="checkbox"/> Religious Devotions | <input type="checkbox"/> Decency                   | <input type="checkbox"/> Blood Donors     | <input type="checkbox"/> Memorials                | <input type="checkbox"/> Memorials to the Unborn | <input type="checkbox"/> Educational Programs |
| <input type="checkbox"/> Lay Apostolate      | <input type="checkbox"/> Global Wheelchair Mission | <input type="checkbox"/> Special Olympics | <input type="checkbox"/> Education                | <input type="checkbox"/> Ultrasound Initiative   | <input type="checkbox"/> Athletics            |
| <input type="checkbox"/> Parish Round Table  | <input type="checkbox"/> Public Safety             | <input type="checkbox"/> Athletics        | <input type="checkbox"/> Food for Families        | <input type="checkbox"/> Other, Specify:         | <input type="checkbox"/> Religious Activities |
| <input type="checkbox"/> Christ in Christmas | <input type="checkbox"/> Habitat for Humanity      | <input type="checkbox"/> Cultural Events  | <input type="checkbox"/> Communications           | <input type="checkbox"/> Pro-Life March          | <input type="checkbox"/> Social Activities    |
| <input type="checkbox"/> Other, Specify:     | <input type="checkbox"/> Other, Specify:           | <input type="checkbox"/> Other, Specify:  | <input type="checkbox"/> Recreation               |  | <input type="checkbox"/> Other, Specify:      |
|  | <input type="checkbox"/> Other, Specify:           |   | <input type="checkbox"/> Other, Specify:          |  | <input type="checkbox"/> Coats for Kids       |

**MEMBERSHIP**

- Recruitment     Retention     Insurance Promotion     Admission Committee     Ceremonials

In your opinion, how can our council improve existing programs? Please be specific.

\_\_\_\_\_

\_\_\_\_\_

**INSURANCE PARTICIPATION**

- Non-Insurance Member    If you are not yet an insurance member, would you like the council's professional field agent to contact you to explain the many benefits available through the Order's top-rated insurance program?     Yes     No
- Insurance Member    If you are an insurance member, would you like the council's professional field agent to contact you to explain new and additional benefits available through the Order's top-rated insurance program?     Yes     No