



As a member of this council, you are our greatest asset. We value your judgment, we appreciate your opinions, and we rely on your participation for 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 for evaluation and action.

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 | YOUTH |
|--|--|--|---|--|
| <input type="checkbox"/> Vocations | <input type="checkbox"/> Pro-Life | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Survivor's Assistance | <input type="checkbox"/> Columbian Squires |
| <input type="checkbox"/> Parochial Services | <input type="checkbox"/> Health Services | <input type="checkbox"/> Fraternalism | <input type="checkbox"/> Family of the Month/Year | <input type="checkbox"/> Youth Groups |
| <input type="checkbox"/> Religious Devotions | <input type="checkbox"/> Civic Involvement | <input type="checkbox"/> Blood Donors | <input type="checkbox"/> Memorials | <input type="checkbox"/> Educational Programs |
| <input type="checkbox"/> Lay Apostolate | <input type="checkbox"/> Decency | <input type="checkbox"/> Social | <input type="checkbox"/> Education | <input type="checkbox"/> Athletics |
| <input type="checkbox"/> Parish Round Table | <input type="checkbox"/> Human Needs | <input type="checkbox"/> Athletics | <input type="checkbox"/> Communications | <input type="checkbox"/> Religious Activities |
| <input type="checkbox"/> Christ in Christmas | <input type="checkbox"/> Public Safety | <input type="checkbox"/> Cultural Events | <input type="checkbox"/> Recreation | <input type="checkbox"/> Social Activities |
| <input type="checkbox"/> Other, Specify: _____ | <input type="checkbox"/> Other, Specify: _____ | <input type="checkbox"/> Other, Specify: _____ | <input type="checkbox"/> Other, Specify: _____ | <input type="checkbox"/> Other, Specify: _____ |

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 currently enrolled as an insurance member, would you like a Supreme Council Insurance Representative to contact you to explain the many benefits available through the Order's insurance program? Yes No
- Insurance Member If you are an insurance member, would you like a Supreme Council Insurance Representative to contact you to explain new and additional benefits available through the Order's insurance program? Yes No