



# MEMBER INTEREST SURVEY

WHEN A KNIGHTS ACTS SELFLESSLY, HE ACTS ON BEHALF OF THE WORLD

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

- Vocations
- Parochial Services
- Religious Devotions
- Lay Apostolate
- Parish Round Table
- Christ in Christmas
- Other, Specify: \_\_\_\_\_

#### COMMUNITY

- Pro-Life
- Health Services
- Civic Involvement
- Decency
- Human Needs
- Public Safety
- Other, Specify: \_\_\_\_\_

#### COUNCIL

- Public Relations
- Fraternalism
- Blood Donors
- Social
- Athletics
- Cultural Events
- Other, Specify: \_\_\_\_\_

#### FAMILY

- Survivor's Assistance
- Family of the Month/Year
- Memorials
- Education
- Communications
- Recreation
- Other, Specify: \_\_\_\_\_

#### YOUTH

- Columbian Squires
- Youth Groups
- Educational Programs
- Athletics
- Religious Activities
- Social Activities
- 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