SMALL GROUP INTEREST SURVEY

Are you already involved in a small group?  _____Yes  _____No
If so, which one(s)?  ____________________________________________________________
______________________________________________________________________________
Are you interested in connecting with others through a small group?  ___Yes  ___No
If “yes,” which days interest you most?  _____Sunday  _____Wednesday  _____Other
Times:  _____Daytime  _____Evenings  Frequency:  _____Weekly  _____Monthly  _____Other

OF THE FOLLOWING, PLEASE CHECK THE AREAS THAT ARE OF INTEREST TO YOU:
(Please only check categories with which you are NOT currently involved.)

Support Groups:
☐ Young Adult Singles
☐ Older Adult Singles
☐ Parenting Young Kids
☐ SIDS Support Group
☐ Single Parents
☐ New Moms
☐ Midlife Issues
☐ Aging Issues/Retirement
☐ Parents of Teenagers
☐ Kids and Divorce
☐ Health and Nutrition
☐ Parents of Children with Special Needs
☐ Alzheimer’s Support
☐ Unemployment Support
☐ Caregiver Support
☐ Teenagers Facing Difficulty
☐ Adult Children of Divorce
☐ Blended Families
☐ Grandparents Raising Grandkids
☐ Adults Caring for Their Parents
☐ Financial Issues
☐ Widows/Widowers
☐ Other (Please specify)

Study Groups:
☐ Women’s Study Group
☐ Men’s Study Group
☐ Women’s & Men’s Mixed Study Group
☐ How to Pray
☐ Basic Christian Beliefs
☐ Christian Families
☐ Small Businesses
☐ Book Study
☐ Christian Discipleship
☐ How to Study the Bible
☐ Discovering Your Spiritual Gifts
☐ Marriage Enrichment
☐ I would like a Home Group as a part of an existing Sunday School class or other group
☐ Other (Please specify)

Ministry Groups:
☐ Helping the Homeless
☐ Prison Ministry/Angel Tree
☐ Ministry to AIDS Patients
☐ One-Day Ministry Projects
☐ Other (please specify)

Recovery Groups:
☐ 12-Step Programs for Men
☐ 12-Step Programs for Women
☐ Parents and Tragic Loss
☐ Family Survivors of Suicide
☐ Divorce Recovery
☐ Abortion Recovery
☐ Victims of Sexual Abuse
☐ Grief and Loss
☐ Other (please specify)

Other Support Groups:
☐ Coffee Lovers
☐ Supper Club
☐ Mom’s Morning Out
☐ Team Sports
☐ Team Sports Fan Club
☐ Walkers & Runners
☐ Cyclists
☐ Other (Please specify)

Please return survey to the church office by April 30, 2015

Name:__________________________________________________________________________
Phone: ___________________________ Email:__________________________________________