

IHBC Women's Ministry Survey Summer 2016

Thank you for taking the time to complete this survey. We appreciate you! – The Women's Ministry Team

Please tell us a little about yourself:

Name (optional) _____

How old are you? ___ 18 – 19 ___ 20 – 29 ___ 30 – 39 ___ 40 – 49
 ___ 50 – 59 ___ 60 – 69 ___ 70 – 79 ___ 80+

Are you a member of IHBC? ___ yes ___ no

If so, for how long?

___ Less than 1 year ___ 1 – 2 years ___ 3 – 5 years
___ 5 – 10 years ___ 10 – 20 years ___ 20 years or more

Please share about your participation in Women's Ministry activities and events:

How often do you attend Women's Ministry events and activities (*not including Bible study*)?

___ Never ___ Less than once a year ___ 1-2 times per year ___ 3 or more times per year

TURN OVER →

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Do you attend Bible Study? ___ Never ___ Sometimes ___ Usually

Would you be interested in attending an Evening Bible study? ___ Yes ___ No

How well are we ministering to and supporting the women in our church and community?

___ Very well ___ Well ___ Needs improvement

Please explain your rating:

What needs do you have that we can incorporate into our next year?

***Surveys can be placed in the offering plate or the Women's Ministry Box outside the office by Sunday, July 3rd.**

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