

QUEEN OF PEACE CATHOLIC CHURCH

In-Pew Planning Study Survey

1. Please enter your contact information below:

Name:	_____
Address:	_____
City:	_____
State:	_____
Zip:	_____
Home Phone:	_____
Cell phone:	_____
Cell phone (spouse):	_____
Email:	_____
Email (spouse):	_____

2. How long have you been a member of Queen of Peace?

- Not a member 0 - 5 yrs 6 - 10 yrs 11 - 20 yrs 21 - 30 yrs 30+ yrs

3. Please mark the field that best describes your relationship to the school:

- Current parent Current grandparent Future parent or grandparent
 Former parent or grandparent Other/None

4. Which of the following would you like offered at Queen of Peace Catholic Church to better serve you?

- Additional adult faith formation opportunities Additional outreach opportunities
 Increase in youth programs Improved care for shut-ins
 Increase in programming for young adults Other/Describe _____

5. Parish leadership has been studying the needs facing our church and school. After months of consultation, discussion and prayer a plan has been developed as Phase II of our original master plan. Please review the proposed projects and indicate whether you consider each project a high, medium or low priority.

Potential Campaign Goals

Larger gathering area with increased meeting space for parish and school activities

Dedicated space for musicians to practice

A modernized and efficient kitchen

Administrative offices centrally located for parish ministries and staff

Improved parking lot features (*safe and efficient school drop off/pick up, overall improvements to safety, visibility and wayfinding*)

6. Are you personally in favor of a capital campaign to accomplish these goals?

Comments _____

7. If asked by the parish to serve as a member of the campaign team and assist with requests for gifts, would you accept? **If not**, which of these volunteer opportunities would you consider?

Activity

• Phone-a-thon volunteer | **Comments:** _____

• Events committee member | **Comments:** _____

• Administrative support, i.e. mailers | **Comments:** _____

PLEASE CIRCLE

High Medium Low

High Medium Low

High Medium Low

High Medium Low

High Medium Low

Yes No

Yes No

Yes Maybe No

Yes Maybe No

Yes Maybe No

(over)

