

All Hallows Episcopal Church

Greenwood Avenue and Bent Road

Wyncote, Pa 19095

Parish Questionnaire: Part One

Your Name: _____

Name and age of children not filling out a survey (if applicable)

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Your Age: 12-17 _____; 18-25 _____; 26-35 _____; 36-45 _____;

46-55 _____; 56-65 _____; 65-70 _____; 70+ _____

How long have you been attending All Hallows Episcopal Church? _____ Years **OR** Months

Are you a member of All Hallows Episcopal Church?* Yes _____ No _____

* Membership is identified by the Episcopal Diocese as being baptized, with the date and place of baptism, entered into the Parish Register.

If you have not provided this information, please contact the Parish Office, or list below.

Baptism Date _____ Baptism Place _____

What is or was your occupation?

Please list any special skills, talents or interests

“A community committed to seeking a deeper faith in Christ and helping others along the way”
-All Hallows Mission Statement, as published in the 1999 Parish Profile.

(over)

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Parish Questionnaire: Part Two

Your Name: _____

Below is a list of ministries, groups, and activities at All Hallows. Please put a check next to each one in which you, or one of your children (not filling out a survey) have participated in during the last 5 years. **Please circle the ones in which you would consider participating in.**

Please provide your child's name, if filling out the survey on their behalf.

Child's Name: _____

Child's Name: _____

_____ Acolytes

_____ Altar Guild

_____ Senior Choir

_____ Youth Choir

_____ Chalice Bearer

_____ Church School Teacher

_____ Nursery Care

_____ Vestry Member

_____ Sunday Bible Study

_____ Vestry Committee*

_____ Youth Group

_____ Coffee Hour Host

_____ Men's Group

_____ Lenten Study Series

_____ Women's Group

_____ Parish Work Day

_____ Adult Forum

_____ Nursery School (Board and School)

_____ Second Sunday

_____ Lector

_____ Prayers of the People

_____ Lay Eucharist Minister

_____ Aid For Friends

_____ Other (Please Identify)

* Worship, Stewardship, Finances, Christian Education, Property, Pastoral Care, Outreach, Evangelism, Hospitality, Property

Please indicate programs, groups or activities that you would like to see developed at All Hallows, and why. Use the back of this form if necessary.

1.

2.

3.

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Parish Questionnaire: Part Three

Your Name: (optional) _____

Age: under 17 _____; 18-25 _____

26-35 _____; 36-45 _____

46-55 _____; 56-65 _____

66-70 _____; 70+ _____

Please identify what attracted you to All Hallows Episcopal Church, or what has sustained your presence over the years?

What do you believe to be the strengths of All Hallows parish? Please explain.

What do you see as areas in need of improvement? Please explain.

What do you see as the most significant issues the Parish faces in the next 5 years?

Over the next 15 years?

Please use the space below (or the back of this sheet) for additional comments.