

Peoples Baptist Church of Boston Feedback Form

The Ministry Team welcomes your response. Please complete the following questionnaire:

Name(Optional) _____ Male Female Age (Optional) Ph#(Optional) _____

Are you a member of PBC? yes_ no How long have you been a member? yrs. _____ mos. _____

Which service do you attend? 8a.m. 10:45 a.m. Do you attend the 9:30 Sunday School? Yes _____ no _____

Why or why not? _____

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Please circle the following ministries which have served you or a family member:

- | | | | |
|------------------|-------------------|-------------------------|-------------------------|
| Deacons | Deaconesses | Adella Klugh Missionary | Sunday School |
| Prison | Singles | Christmas Basket | USDA Food Distribution |
| Young Adult | Food Pantry | Nursery | Youth & Families |
| Transportation | Youth Choir | Mass Choir | Celebration Choir |
| Men's Fellowship | Music | Usher | Bereavement Support |
| Greeter | Small Group | Prayer Group | Membership Groups |
| 12 Step Program | Parents Workshops | Vacation Bible School | Bereavement Hospitality |
| Male Choir | Holiday Meals | | |

How has the ministry(s) you circled blessed you? _____

Are you involved in a Small Group? Yes _____ no _____

If no, why not? _____

Has Peoples Baptist Church helped you and/or your family in any other way? Please explain. _____

How could PBC better serve you and/or your family? _____

Is there a ministry not at PBC that you would like to see implemented? _____

Is there a ministry that you would like to volunteer for? _____

Any other comments? _____

We thank you!