

Small Group Response Card *(off-campus)*

Name(s): _____ Date: _____
E-mail: _____ Phone: _____
Street: _____ City: _____
Zip Code: _____ Children's Ages: _____
Age (circle) 20's 30's 40's 50's 60's+ Marital Status: _____
Home Location & Time from Church (e.g. NW, 15 min): _____

What Type of Small Group Would You Prefer?

Please rank these 1-4 in your order of preference (1 means this is highly preferable, 2 would be your next preference, etc...)

If available, I would prefer a small group of (please rank all 1-4 *) ...

_____ Couples _____ Mixed (Couples & Singles)
_____ Singles _____ Women Only_/Men Only_
Other Comments (e.g. w/kids, intergenerational, same life stage, etc)?

** Placement will be based on your rankings and group availability*

Do You Have Any Small Group Experience?

I/we have the following small group experience and background...

_____ In a small group before. Type? _____
_____ Led a small group before. Type? _____
_____ Hosted a small group before. Type? _____

What Small Group Roles Can You Help With?

Please check all that apply.

My/our thoughts about having a role in a small group include...

_____ Being willing to lead a small group
_____ Being willing to host a small group in our home
_____ Helping to facilitate discussion but not leading a group
_____ Helping to coordinate a social outing or service project

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Which Day Would You Prefer to Meet?

Please rank* these 1-7 in your order of preference (1 means this is highly preferable, 2 next, etc... put a 0 if you CAN'T meet that day)

- | | |
|-----------------|----------------|
| _____ Monday | _____ Friday |
| _____ Tuesday | _____ Saturday |
| _____ Wednesday | _____ Sunday |
| _____ Thursday | |

What Time Would You Prefer to Meet?

Please rank* these 1-6 in your order of preference (1 means this is highly preferable, 2 next, etc... put a 0 if you CAN'T meet that time)

- | | |
|-------------------|--------------------|
| _____ 5:00-6:30pm | _____ 6:30-8:00pm |
| _____ 5:30-7:00pm | _____ 7:00-8:30pm |
| _____ 6:00-7:30pm | _____ Other: _____ |

How Often Would You Prefer to Meet?

Please rank* these 1-4 in your order of preference (1 means this is highly preferable, 2 next, etc... put a 0 if you CAN'T meet that often)

- | | |
|------------------------|----------------------|
| _____ Weekly (typical) | _____ Once per month |
| _____ Every other week | _____ Other: _____ |

How Would You Prefer to Handle Childcare?

Please rank* these 1-8 in your order of preference (1 means this is highly preferable, 2 next, etc... put a 0 if this is NOT an option for you)

- | <u>Typical On-site Childcare Options</u> | <u>Other Childcare Options To Consider</u> |
|--|--|
| _____ Group shares care cost | _____ Combo 1 pay/1 parent rotate |
| _____ Parents only share cost | _____ Paid care all kids other home |
| _____ Group rotates care role | _____ Kids at own homes for care |
| _____ Parents only rotate care | _____ Kids w/adults during meeting |

* Rankings will be used to accommodate as many participants as possible

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