

SEEING THE FACE OF GOD IN EACH OTHER

Pre-Workshop Survey

The following information is requested so that we may better prepare for your comfort and well-being during the workshop as well as to provide us with valuable follow-up information. The information will not be distributed nor posted on the Internet. Your privacy and the confidentiality of the information you may provide will be fully respected.

PLEASE FILL IN THE BLANKS ELECTRONICALLY OR PRINT NEATLY

Name: _____ Workshop dates: _____

Workshop location: _____ Email address: _____

1. Do you have any food allergies or other sensitivities? Please specify any food (such as eggs, nuts, wheat gluten, and spices) or beverage (cow's milk or citrus, for example) items that you must avoid.

2. Are you a vegetarian? Yes ___ No ___

3. Do you have any mobility restrictions that require use of ramps, handrails, or elevators for entrance to buildings/rooms or use of handicapped-designated restroom facilities? Do you have any hearing impairment, or language or learning disabilities?

4. Are you visually impaired and need large-print editions of written materials or specific seating for viewing videos/DVDs, etc.? Yes ___ No ___

5. What is your age? (*Circle one*) <40 yrs 40+ yrs 65+ years

6. What is your race? _____(We really do need to know.)

7. Please provide the name of your congregation. _____

8. Have you participated in a workshop on this subject before? Yes ___ No ___

If yes, when? where? _____

9. Are you in the discernment process for ordination? Yes ___ No ___

10. Do you hold a leadership position in your parish? Yes ___ No ___
(*Examples: Vestry, Senior Warden, Sunday School teacher, etc.*)

Position(s) _____

Please return this survey by e-mail or post as far in advance of your workshop dates as possible to:

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