## Angel Food Ministry Survey

Cross Lutheran Church has been participating in Angel Food since August of 2007. We would like to touch base with those we serve to see how you feel we are doing. If you would be so kind and give us your feedback on the following few items, we would be most grateful. Thank you.

1.	How long have you been ordering from Angel Food?					
		nave ordered more to nave ordered 5-9 time nave ordered 2-4 time nis is my first order	nes			
2.	How would	d you rate your orde	ring experience?	?		
	G	onderful - wouldn't c ood – most of the tir eeds improvement – wful – I have an issu	me there are no is - I have had seve	eral issues		
	Comment	s:				
3.	How would you rate your pick up experience?					
	G	Wonderful – wouldn't change a thing Good – most of the time there are no issues Needs improvement – I have had several issues Awful – I have an issue each and every time				
	Comment	s:				
4.	Are you interested in any of the following (check all that apply):					
	G	A cooking class using Angel Food items in the recipes General family health information Nutrition information Recipes that I can take home for items in the monthly Angel Food Regular Box Other (please describe):				
			,			
5.	On distribu	ution day, are you co	omfortable when	we invite you to share prayer requests?		
	_	Yes	No	Comments:		

(over)

6.	Are you interested in joining others and exploring topics of similar interest?  Yes No Not at this time			
	Some possible interest areas are (check any of interest to you):			
	Bible Study Empty nesters Financial matters Marriage or Divorce Raising children Support group – please indicate:			
	Worship opportunity at Loving Arms Childcare Center Other:			
7.	Would you benefit from receiving information or speaking with someone during a distribution Saturday about (check any of interest to you):			
	Caring Hands Thrift Shop Community health – flu shots, blood pressure screening, diabetes screening, cholesterol screening LINK card information and/or application Information about local churches Loving Arms Childcare Center Senior services Veteran's information/assistance			
Other:  We are exploring the possibility of having a one-day clinic, separate from An which would offer free services provided by professionals in and around Ker Please indicate the services that interest you (check any of interest to you).				
	Auto oil change Clothing assistance Dental screening Eye screening Family photograph Financial information Hair cut Health screening – diabetes, cholesterol, or blood pressure Manicure and/or pedicure Other – Please list:			
	you for your time. We will be using this information as we plan to assist those we serve, h their physical needs, and, when feasible, their spiritual needs.			
Name:	Phone:			
	I would like someone to contact me			