

HOLY FAMILY CATHOLIC CHURCH

ADULT ENRICHMENT (ACE) INTEREST FORM

Name: _____ Work Phone: _____
(Last, First)

Name: _____ Work Phone: _____
(Last, First)

Address: _____ Zip: _____

Home Phone: _____ When is the best time to reach you? am pm

Topics of Interest

What programs would you like to see offered for Adult Enrichment?

- | | |
|---|--|
| <input type="checkbox"/> Scripture/Bible Study | <input type="checkbox"/> Family Issues/Parenting |
| <input type="checkbox"/> Prayer & Spirituality | <input type="checkbox"/> Church Teachings |
| <input type="checkbox"/> Church in the Modern World | <input type="checkbox"/> Personal Growth |
| <input type="checkbox"/> Current Issues | |
| <input type="checkbox"/> Other topics/programs you would like to see: _____ | |

Time Table

When would you be interested in attending a session?

- | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|
| Sun. <input type="checkbox"/> 8:45am | Mon. <input type="checkbox"/> 6:30pm | <input type="checkbox"/> Other: _____ |
| Sun. <input type="checkbox"/> 10:15am | Tues. <input type="checkbox"/> am | |
| Sun. <input type="checkbox"/> 11:45am | Tues. <input type="checkbox"/> 6:30pm | |
| Sun. <input type="checkbox"/> 6:45pm | Wed. <input type="checkbox"/> am | |

Volunteer Opportunities

Would you be willing to facilitate an ACE session? Yes No

Would you like more information about facilitating an ACE session? Yes No

What topics would be interested in facilitating?

- | | |
|---|--|
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| <input type="checkbox"/> Other topics/programs you would like to see: _____ | |