

USHER SURVEY - PLEASE PRINT ALL ANSWERS

NAME: _____

Spouse's Name: _____

ADDRESS: _____

CITY, ZIP _____

PHONE: (home) _____

PHONE: (cell) _____

EMAIL ADDRESS: _____

What method of contact do you prefer? ___ Hm Ph ___ Cell Ph ___ Text Msg ___ Email
(number in order of preference : 1 - 4)

Do you have someone you would like to serve with? _____

Do you have an Usher Name Tag? YES NO

Do you have an Aisle preference? (circle all that apply)

Front Aisle Number: 3 4 5 6 or Any

Rear Aisle Number: 1 2 3 4 5 6 7 8 or Any

Which service(s) do you prefer? If available for more than one, indicate order of preference.
9:30 AM _____ 11:30 AM _____

Are you available to serve more than once a month? YES NO How many Sundays? _____

What Sundays are you available to serve? 1st 2nd 3rd 4th 5th

Are you available for special events? YES NO

Are you over 18 years old? YES NO

Comments:

Please return completed survey to the CFC Life Center Desk