

St Olaf – Member Survey

Head(s) of household:

1. _____

Home Address: _____

Home Phone Number (if applicable): _____

St. Olaf Member (Y/N)	Date Joined (if known)	Birth Date	Baptized (Y/N)	Confirmed (Y/N)	Marital Status	Wedding Date (if applicable)

Employer & Occupation: _____

Interests, Talents, Hobbies: _____

2. _____

St. Olaf Member (Y/N)	Date Joined (if known)	Birth Date	Baptized (Y/N)	Confirmed (Y/N)	Marital Status	Wedding Date (if applicable)

Employer & Occupation: _____

Interests, Talents, Hobbies: _____

Other Phone #'s & Emails

First Name	Cell#	Work#	Email

Names of children <u>at home</u>	Birth Date	Grade	Baptized (Y/N)	Confirmed (Y/N)

Name of youth	Youth's interests, talents, hobbies

Names of children <u>not</u> living at home	Birth Date	Member (Y/N)

