

Neighborhood Survey

Neighborhood Name: _____

Date: _____ Surveyor Name: _____

1. If God were to do a miracle in your neighborhood what would you want to see changed in the next year?

2. If there were other people who were working together in order to make that change happen would you be interested in helping out?

3. What gifts do you have that could help make that change a reality? (Gifts of the head – knowledge to share; gifts of the hands – skills that you are willing to share; gifts of the heart – what are you passionate about?)

4. Who do you know in your neighborhood by name?

5. What groups are you involved with here locally?

Name: _____

Address: _____

Phone: _____ Cell Phone: _____

Email: _____

Best time to call: _____

If we had meetings bringing together others with same concerns would you need:

Child-care? _____

Transportation? _____

Interpreter? _____

Other? _____

(Additional Comments or Notes on back of survey)