

## **Discerning the Shape of Interweave: Assessing Our Mission's Effectiveness**

*Please help our Program and Future Planning committees by answering the following questions. Space is provided for some comments.*

**I. In what ways have you benefited by attending Interweave events?**

**A. Greater understanding of particular subjects (check no more than 3 most important):**

- wellness practices
- spiritual practices
- other religions/ culture
- my own religion/ culture
- the meaning of current events
- other (please specify \_\_\_\_\_)

*Write any details of why you checked certain boxes here:*

**B. Personal enrichment:**

- personal transformation/ integration
- spiritual growth
- expanded theological understanding
- healing: physical, emotional or spiritual
- new friendships
- a sense of community
- better interfaith understanding
- exposure to people different from myself
- clarification of my personal or career path
- other (please specify \_\_\_\_\_)

*Write any details of why you checked certain boxes here:*

**C. \_\_\_\_\_ Acquiring or strengthening specific skills in:**

- communication
- leadership
- meditation
- reading sacred text
- psychological self-awareness
- self-empowerment
- other (please specify \_\_\_\_\_)

*Write any details of why you checked certain boxes here:*

**II. In what ways have the ideas and values you've learned (or had confirmed) at Interweave influenced your work and/or personal life? Helped you make changes in your life?**

**III. What visions, thoughts and/or hopes do you have about Interweave's future?**

**Please give us the following information:**

**Age:\_\_\_\_\_ Gender\_\_\_\_\_ Years associated with Interweave: \_\_\_\_\_**

**I am a \_\_\_Member \_\_\_Board Member \_\_\_Instructor \_\_\_Calvary Parishioner  
(check all that apply)**

**I attend approximately \_\_\_\_\_ Interweave events/year.**

**Name (optional) \_\_\_\_\_**

**Please return to: INTERWEAVE  
P.O. Box 1516, Summit NJ 07901**