

Survey of Disability Related Needs and Interests

Would you be interested in assisting with the Special Needs Ministry? Yes No

If so, do you have specific gifts or skills, or experience which could contribute to this ministry? _____

Does s a member of your household have a disability? Yes No

Do you have a friend or neighbor with a disability? Yes No

How does their disability affect them? _____

Does he/she attend church regularly? Yes No

If not, would he/she like to? Yes No

Does your friend or family member have any particular needs that Bethany UMC might be able to meet?

If your friend or family member would like to attend Bethany, what adjustments would be helpful to make it easier to attend? Please be specific.

- Parking
- Accessibility (please specify) _____
- ASL Interpreter
- Better lighting
- Caregiver Support Group
- Wheelchair space which does not obstruct the aisles
- Special provision for an adult or child with learning disabilities (please specify)
- One-to-one support for Sunday School or worship service (please specify)
- Other

Please provide contact details so that we can talk to you some more about meeting these needs:

Name _____ Telephone _____

Email _____ Any other comments _____

Please return completed to the Special Needs Ministry box in the church office.