

Eye2Eye Participant Survey

Date: _____

Personal Information	
Name _____	
Address: _____ _____	
PH: () _____ - _____	
Cell: () _____ - _____	
Fax: () _____ - _____	
Email: _____	
Website: _____	
Birth Month _____	Birth Day _____
Church Affiliation	
Name: _____	
Pastor: _____	
Church mail address/phone _____ _____ _____	
Are you licensed or ordained? Yes No	
Are you actively involved in auxiliaries and other ministry functions at your church? Yes No	

Please answer ALL of the following questions. Please DO NOT leave any of the questions unanswered.



I have difficulty discussing my weaknesses before others.
True
False

I am comfortable praying and speaking before others. True False

At times I know what God is telling me to do but fear stops me from doing it.
True False

My passion in life is related to God's purpose for my life. The one thing I would do even if I never got paid to do it is:

I would like to focus on :

I am gifted in:

Eye2Eye Participant Survey

Date: _____

My greatest strength is _____

My weakness is _____

While coaching in Eye2Eye I would like to make the following spiritual and natural accomplishments _____

What do you desire to gain from your participation in Eye2Eye?

check all that apply to you

- I read, but do not understand what I read.
- I pray regularly, but don't find my prayer life fulfilling or rewarding, something is missing!
- To me fasting is just going without food; it doesn't benefit me.
- I know I'm called to do something, but I don't know what that 'something' is.
- Procrastination and lack of time management is a big problem for me.