

## CHAPLAIN IMPACT FEEDBACK FORM

### ATTENTION CHAPLAIN:

- **Print clearly and complete this form in its entirety. Incomplete forms may be returned to you for completion.**
- **Please send this form, or other testimonial information as often as you would like. You are required to fill out this form at least once every 6 months.**

**Return this form with your collected inmate Impact Feedback Forms to:  
American Rehabilitation Ministries  
P.O. Box 1490  
Joplin, MO 64802-1490**

Thank you for taking the time to complete this form. The *God Sets You Free*<sup>™</sup> program values your cooperation, which is needed to continue to grant free scriptures to correctional facilities.

We are asking for your help to please send us testimonials and impact stories of changed lives, that are a result from the American Bible Society scriptures. Where permitted, feel free to send photographs or artwork that help to tell the story of how God's Word has had a positive impact. Letters from chaplains on facility letterhead that testify to the impact of God's Word are especially helpful.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

American Rehabilitation Ministries Customer #: \_\_\_\_\_

Check here if this is new or updated contact information

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

**Full name of facility:** \_\_\_\_\_

Physical address of facility: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Day Phone #: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

Evening Phone #: (\_\_\_\_) \_\_\_\_\_ Other Phone #: (\_\_\_\_) \_\_\_\_\_

Fax #: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

**PLEASE COMPLETE ENTIRE FORM and RETURN to ARM** ver. 2.2.5

By submitting your comments, you are giving the American Bible Society free permission to reproduce and utilize your submission for other purposes that promote our ministry and mission.

**READING AND USE OF GOD'S WORD**

How many inmate requests do you get each month for Bibles?

- 0-10                                       11-25                                       26-50
- 51-99                                       100-199                                       200+

In your estimation, what percent of the scriptures that you distribute are read regularly?

- 0%-10%                                       11%-25%                                       26%-50%
- 51%-75%                                       76%-90%                                       91%-100%

Do you receive requests from staff for Bibles?                       Yes                       No

*If yes, how many staff requests for Bibles do you get each month?*

- 0-5                                       6-10                                       11+

Why do you believe God's Word is important for those who are incarcerated? \_\_\_\_\_

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*(please attach a separate sheet if necessary)*

**UNDERSTANDING OF GOD'S WORD**

After observing the recipients of God's Word, how has their understanding of God's Word grown? \_\_\_\_\_

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*(please attach a separate sheet if necessary)*

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What do you think the recipients of God's Word like most about it? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(please attach a separate sheet if necessary)*

**APPLICATION OF GOD'S WORD**

What **positive life changes** have you seen among the recipients that are a result of God's Word impacting their lives? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(please attach a separate sheet if necessary)*

Please **share your most heart-moving stories** of people whose lives have been transformed in this facility through God's Word. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(please attach a separate sheet if necessary)*

If possible, please **share first-hand accounts** from chapel workers and/or volunteers who have witnessed lives being impacted through God's Word. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(please attach a separate sheet if necessary)*

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On average and as a result of receiving scriptures, has attendance at worship or chapel services:

- Increased?
- Unable to answer

Decreased?

Remained the same?

Please **describe 1 or 2** inmates that you worked directly with, who in your view, were changed by their reading, understanding or applying of scripture.

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*(please attach a separate sheet if necessary)*

Please **describe a specific incident** in your work as a correctional chaplain where God's Word encouraged you or helped you minister to an inmate.

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*(please attach a separate sheet if necessary)*

Is there **anything else** that you would like to tell the American Bible Society?  
*(Please type up and submit on facility letterhead if at all possible.)*

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**IMPACT FEEDBACK FORM - PLEASE PRINT CLEARLY**

**ATTENTION CHAPLAIN: Copy and provide this form with each item handed out**

Thank you for filling out this form. You are helping the American Bible Society to assess our efforts to reach people in need of God's Word. Feel free to include any testimonials, letters, photographs or artwork that may be related.

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 ID # (if any): \_\_\_\_\_  
 Your Chaplain's name: \_\_\_\_\_  
 Name of facility: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 I am:  Male  Female My date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**THE ITEM I HAVE RECEIVED IS A:**

Bible  Elementz of Life magazine  
 New Testament  Comic Book  
 Other (please specify) \_\_\_\_\_

**READING AND USE OF GOD'S WORD**

Have you ever owned a Bible before?  Yes  No  
 Before you received this item, did you read God's Word regularly?  Yes  No  
 Are you now more willing to read God's Word?  Yes  No

I read the item I received: **(check the best one)**  never  sometimes  
 only in the Chapel  once a week  two times a week  every day  
 every chance I get  other \_\_\_\_\_

Why do you like to read God's Word? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**UNDERSTANDING OF GOD'S WORD**

After reading this item, do you understand God's Word better?  Yes  No

**COMPLETE BOTH SIDES and RETURN to CHAPLAIN** ver. 2.2.6

By submitting your comments, you are giving the American Bible Society free permission to reproduce and utilize your submission for other purposes that promote our ministry and mission. If utilized, your full name will not be used.

After reading this item, how has your understanding of God's Word grown?

**(check all that apply)**

- not at all    a little    a lot    tremendously    now the Bible makes sense!  
 other \_\_\_\_\_

Please share with us how understanding God's Word makes you feel:

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What do you like most about God's Word? \_\_\_\_\_

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### APPLICATION OF GOD'S WORD

- |  |                               |                                   |
|--|-------------------------------|-----------------------------------|
| Before reading this item, I didn't care about changing my life.          | <input type="checkbox"/> True | <input type="checkbox"/> Not true |
| After reading this item, now I want to make positive changes in my life! | <input type="checkbox"/> True | <input type="checkbox"/> Not true |
| After reading this item, do you feel more like turning from your sins?   | <input type="checkbox"/> Yes  | <input type="checkbox"/> No       |
| After reading this item, are you attending chapel or Bible studies more? | <input type="checkbox"/> Yes  | <input type="checkbox"/> No       |
| After reading this item, do you desire to serve God more with your life? | <input type="checkbox"/> Yes  | <input type="checkbox"/> No       |
| After reading this item, do you feel you are growing more spiritually?   | <input type="checkbox"/> Yes  | <input type="checkbox"/> No       |

How often do you attend Bible studies or chapel services? **(check all that apply)**

- never    sometimes    once a week    two times a week    every day  
 every chance I get    as many as they offer    other \_\_\_\_\_

What are some positive changes you have noticed in yourself since you began to read God's Word? \_\_\_\_\_

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Please tell us about a specific incident where God's Word has encouraged you, given you guidance or helped you. \_\_\_\_\_

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What else would you like to tell the American Bible Society? \_\_\_\_\_

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## FORMULARIO DE REACCIÓN - FAVOR ESCRIBIR CON LETRA DE MOLDE

**ATENCIÓN CAPELLÁN: Fotocopie y provea este formulario con cada artículo repartido**

Gracias por llenar este formulario. Usted está ayudando a la *American Bible Society* evaluar nuestros esfuerzos para alcanzar a la gente que necesita la Palabra de Dios. Tenga la libertad de incluir cualquier testimonio, carta, foto, o ilustración que se relacione.

Fecha: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Nombres: \_\_\_\_\_ Apellidos: \_\_\_\_\_  
No. de identificación (ID #) (Si hay) \_\_\_\_\_  
Nombre de su capellán: \_\_\_\_\_  
Nombre de la institución: \_\_\_\_\_  
Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_

Soy:  hombre  mujer Fecha de nacimiento \_\_\_\_/\_\_\_\_/\_\_\_\_

### EL ARTÍCULO QUE HE RECIBIDO ES:

- una Biblia  la revista *Elementz of Life*  
 un Nuevo Testamento  una revista de historietas  
 otro (por favor, especifique) \_\_\_\_\_

### LEYENDO Y USANDO LA PALABRA DE DIOS

¿Ha tenido Ud. su propia Biblia anteriormente?  Sí  No

Antes de recibir esta literatura, ¿leía Ud. la Palabra de Dios con regularidad?  Sí  No

¿Ahora tiene Ud. más interés en leer la Palabra de Dios?  Sí  No

Leo la literatura que recibí (marque uno)  nunca  a veces  sólo en la capilla

una vez por semana  2 veces por semana  cada día  cuando pueda

otro \_\_\_\_\_

¿Por qué quiere Ud. leer la Palabra de Dios? \_\_\_\_\_

### COMPRIENDIENDO LA PALABRA DE DIOS

Después de leer esta literatura, ¿tiene Ud. una mayor comprensión de la Palabra de Dios?  Sí  No

**LLENE LOS DOS LADOS DE ESTA HOJA Y DEVUÉLVALA AL CAPELLÁN** ver. 2.2.6b

Al presentar sus comentarios, Ud. da a la *American Bible Society* permiso para reproducir y utilizar su sumisión para otros propósitos que promuevan nuestro ministerio y misión. Si es publicado, no aparecerá su nombre completo.

Después de haber leído esta literatura, ¿cómo ha crecido su entendimiento de la Palabra de Dios? **(Marque todos los que se apliquen)**

- nada     un poco     mucho     muchísimo     ahora la Biblia tiene sentido  
 otro \_\_\_\_\_

Por favor, comparta con nosotros sus sentimientos al leer la Palabra de Dios.

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¿Qué de la Palabra de Dios le gusta más? \_\_\_\_\_

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### LA APLICACIÓN DE LA PALABRA DE DIOS

Antes de leer esta literatura, no me interesaba cambiar mi vida.  Cierto     Falso

Después de leer esta literatura, ¿quiero hacer cambios positivos en mi vida!  Cierto     Falso

Después de leer esta literatura, ¿tiene Ud. un mayor deseo de dejar de pecar?  Sí     No

Después de leer esta literatura, ¿asiste Ud. más a los estudios bíblicos o a la capilla?  Sí     No

Después de leer esta literatura, ¿tiene Ud. un mayor deseo de servir a Dios con su vida?  Sí     No

Después de leer esta literatura, ¿piensa Ud. que está creciendo más espiritualmente?  Sí     No

¿Cada cuánto tiempo asiste Ud. a los estudios bíblicos o a los servicios en la capilla? **(Marque todos los que se apliquen)**     nunca     a veces     una vez por semana     2 veces por semana

cada día     cuando pueda     cuando sean ofrecidos     otro \_\_\_\_\_

¿Cuáles son algunos cambios positivos que ha notado Ud. en su propia vida desde que Ud. empezó a leer la Palabra de Dios? \_\_\_\_\_

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Por favor, cuéntenos de un acontecimiento específico cuando la Palabra de Dios le ha animado, le ha dado dirección, o le ha ayudado. \_\_\_\_\_

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¿Hay algo más que quisiera contar a la *American Bible Society*? \_\_\_\_\_

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**LLENE LOS DOS LADOS DE ESTA HOJA Y DEVUÉLVALA AL CAPELLÁN** ver. 2.2.6

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