Church Survey

Name of Church: __________________________________________________________

Address: ______________________________________________________________
City: __________________ State: ____ Zip Code: _________

Name of Pastor:
________________________________________________________________

Phone: ____________ (Home) ____________ (Cell)
__________ (Office) ____________ (Fax)

Email Address:
________________________________________________________________

Church Denomination:
________________________________________________________________

Day/Time(s) of Weekly Worship Service:
________________________________________________________________
Profile of Congregation

Number of adult members: ______________________

Number of members who attend weekly: __________

Percent women (who attend weekly): __________

Estimated number of men age 40-75 (who attend weekly): __________

Estimated number of women age 40-75 (who attend weekly): __________

Predominant race/ethnicity of members:
_____________________________________

Congregational Characteristics

Does the Pastor have employment outside serving as Pastor of this church?

_____ Yes  _____ No

Pastor education (type of degree):
_____________________________________

Does the church own its building? ______ Yes  ______ No

Is the building adequate for the church’s present program? ______ Yes  ______ No

Is a building program projected? ______ Yes  ______ No

Is the church building (including sanctuary and offices) handicap accessible?

_____ Yes  _____ No

Choose the statement that most accurately describes the theological/faith stance of your church (choose only one). We tend to be:

_____ theologically conservative

_____ theologically moderate to conservative

_____ theologically moderate

_____ theologically moderate to liberal

_____ theologically liberal

_____ quite diverse theologically
Please identify the services provided by your church (check all that apply).

____ food pantry
____ food assistance (i.e. soup kitchen)
____ food vouchers
____ nutritional supplements
____ shelter
____ emergency grants/loans for rent/utilities
____ providing members with transportation
____ clothing closet
____ financial training, education, etc.
____ assistance with food stamps, welfare, etc.
____ college enrollment/preparation
____ computer classes
____ ESL or GED classes/preparation
____ job readiness workshops
____ resume writing/interviewing skills
____ HIV counseling
____ mental health counseling
____ parental skills
____ peer support groups (such as grief counseling)
____ money management
____ substance abuse recovery and support
____ recreation (arts, crafts, outdoor activities)
____ other _________________________________

______________________________
Does the church conduct evaluations, assessments, or monitoring to observe and measure the strengths and/or weaknesses of its services?  ____ Yes  ____ No

If yes, how are these evaluations conducted?

____ Formally
____ Informally

How often are these evaluations conducted?

____ at least once a month
____ once a month
____ every other month
____ quarterly
____ semi-annually
____ yearly
____ other (explain) __________________________________________________________
________________________________________________________
________________________________________________________

How many paid staff does the church have?

____ # full-time staff (35 hours or more)
____ # part-time staff
05/03/13

Does the church have computer access? _____ Yes _____ No

Does the church have internet access? _____ Yes _____ No

Does your church have a computer database? _____ Yes _____ No

If yes, what purpose does the computer database serve (check all that apply):

_____ administrative information
_____ demographic information of members (e.g. contact information)
_____ needs assessment of members
_____ other (describe)

________________________________________________________________

About how many people volunteer for various roles and activities at the church?

________

Is training offered to your staff or volunteers? _____ Yes _____ No

If yes, who conducts the training?

_____ coworkers
_____ supervisor
_____ external personnel
Technical Assistance

Indicate the type of technical assistance your church has received, from internal or external sources, in the last 6 months (check all that apply):

____ data collection
____ strategic planning
____ substantive program issues
____ grant writing or funding
____ recruitment/reaching members
____ grants management
____ community collaborations
____ marketing and public relations
____ financial management
____ program development
____ program evaluation
____ information technology
____ personnel management
____ volunteer management
____ other __________________________
____ none
In which of the following areas does your church currently need technical assistance?

- _____ data collection
- _____ strategic planning
- _____ substantive program issues
- _____ grant writing or funding
- _____ recruitment/reaching members
- _____ grants management
- _____ community collaborations
- _____ marketing and public relations
- _____ financial management
- _____ program development
- _____ program evaluation
- _____ information technology
- _____ personnel management
- _____ volunteer management
- _____ other ________________________________
- _____ none
Health Ministry Activities

Do you currently have a health ministry? ______ Yes ______ No

If yes: Name of ministry: __________________________

Meeting schedule: __________________________

Resources available: __________________________

If not:

Does your church conduct health activities and services? _____ Yes _____ No

Are you interested in establishing a health ministry? _____ Yes _____ No

Health area covered currently or within the past 2 years (check all that apply)

- Heart disease (including high blood pressure)
- Stroke
- Cancer
  - Breast
  - Prostate
  - Colorectal
- Diabetes
- Physical Activity
- Walking
- Healthy Diet
- Smoking
- Other: __________________________________________

- Asthma
- Aging
- Obesity/Overweight
- HIV/AIDS
- Weight Loss
- Stress Reduction
Activities current or within the past 2 years (check all that apply)

- Classes
- Brochures (e.g., pamphlets, booklets)
- Testing/Screening
  - If yes, what kind: ____________________________
- Health Fairs
- Other:
  ___________________________________________

Partnerships current or within the past 2 years (check all that apply)

- With health organizations (e.g., hospitals, health centers, etc.)
  - If yes, number of partners ______
- With universities or colleges
  - If yes, number of partners ______
- Other:
  ___________________________________________

Research projects:  ☐ No  ☐ Yes
(If yes, describe the project(s) and your partner(s)) [this can be past and present]
  ___________________________________________
  ___________________________________________
  ___________________________________________
  ___________________________________________
Past and future:
How long has your health ministry been going? _______ years
What future plans do you have for your health ministry?
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
Program information (list major boards, ministries, committees, and organizations that are part of your church and frequency of meetings – monthly, weekly, etc.)

<table>
<thead>
<tr>
<th>Name</th>
<th>Purpose of group</th>
<th># of members</th>
<th>Frequency of meetings</th>
<th>*Leadership role</th>
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*Indicate leadership role expected by number:
1. Pastor takes primary initiative and responsibility
2. Pastor and laity share responsibility
3. Laity take primary initiative and responsibility
Outer Context

Community setting:

Location | Function | Growth
---|---|---
Rural | Industrial | Growing
Small town | College/university | Static
Metropolitan | Agricultural | Declining
Suburban | Recreational | 
Inner city | Government | 

Racial/ethnic composition of community:

% Asian
% Hispanic/Latino
% African American/Black
% Caucasian
% Other (please specify)

Do most of the members live in the surrounding neighborhood or do they come in from other areas to attend services here (check only one)?

most live in this neighborhood
most come in from other areas
it is a mixture some from here some from other areas
Collaboration

Does your church collaborate with other organizations? _____ Yes _____ No

If yes, please indicate the objective(s) of the collaboration by checking off the appropriate category and indicating the number of organizations/collaborations.

_____ receive financial assistance _____ (number of partners)
_____ provide financial assistance _____ (number of partners)
_____ receive technical assistance _____ (number of partners)
_____ provide technical assistance _____ (number of partners)
_____ expand services of the church _____ (number of partners)
_____ other ______________________ _____ (number of partners)

THANK YOU FOR YOUR PARTICIPATION IN PROJECT HEAL!