

# Church Compassion Survey

My Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

1. Please check areas of unmet needs you feel are in your community.

- |   |  |
|---|--|
| <input type="checkbox"/> Food Pantry/Feeding Program      | <input type="checkbox"/> Substance Abuse Support /Celebrate Recovery |
| <input type="checkbox"/> Clothes Closet/Thrift Store      | <input type="checkbox"/> Prison/Jail Ministry                        |
| <input type="checkbox"/> Summer Meal Program for Children | <input type="checkbox"/> Abortion Alternative Services               |
| <input type="checkbox"/> Job Skills Training              | <input type="checkbox"/> Grief Support Group                         |
| <input type="checkbox"/> English as a Second Language     | <input type="checkbox"/> Divorce Support Group                       |
| <input type="checkbox"/> Tutoring Children and Youth      | <input type="checkbox"/> Hospice Ministry                            |
| <input type="checkbox"/> Adult Literacy                   | <input type="checkbox"/> Home Repair/Construction                    |
| <input type="checkbox"/> Marriage / Parenting Workshops   | <input type="checkbox"/> Car Care for Single Moms and Elderly        |
| <input type="checkbox"/> Financial Management Classes     |  |
| <input type="checkbox"/> Other: _____                     |  |

\_\_\_\_\_

2. Based on the list above, what are the top 2-3 ministry areas you would like to work with in partnering with our church for future ministries?

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

3. What personal experience, interests and / or passions motivate you to do ministry?

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

4. What education and / or experiences do you have that can be used to help others?

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