

PRESBYTERIAN OLDER ADULT MINISTRIES

POAMN ADULT MINISTRY SURVEY

1. What is your marital status?

Married Widowed Divorced Separated Never Married

2. What is your gender? Male Female

3. What is your age? _____ **Month** _____ **Day** _____ **Year** _____

4. How would you describe yourself?

Not active Moderately active Very active

5. Do you believe that you could be utilized more by the church?

Yes No

6. Rank the following needs according to their importance to you (1 for most important, 6 for least important):

Socialization (interaction with others)

Physical activity

Bible Study

Mental stimulation

Spiritual growth

Support in areas such as health, finance, transportation, respite, visitation, etc.(circle)

Serving/contributing

7. How would participating in our church activities/programs benefit you?

Fellowship with other Christians

Meet new friends

Personal growth (emotional, Spiritual growth, relational, intellectual)

Learn new skill

Evangelism for friends/relatives

Entertainment

Support (in times of need and change)

Keep me serving

Other (please list) _____

8. How would you describe your involvement in volunteer activities (church work and/or community service)?

I have been a volunteer in the past

I would like to be a volunteer

I am a volunteer now

I have no interest in volunteering

Please list areas in which you have served: _____

9. As far as your level of involvement in volunteer work is concerned, which of the following is you?

_____ Under involved _____ Just right _____ Involved too much

10. The following are some examples of how we as older/mature adults might become (or already are) involved in service. Please check any area(s) in which you might be willing to serve.

- _____ Hospital visitation
- _____ Home visitation
- _____ Transporting the sick and disabled
- _____ Bible study and discussion leader
- _____ Prayer coordinator or prayer team
- _____ Tour and travel coordinator
- _____ House sitting
- _____ Homemaker
- _____ Mentoring
- _____ Other areas _____

11. What activities/programs would you like to see provided through our church?

- _____ Monthly or quarterly meetings or potlucks
- _____ Older Adult Sunday Recognition
- _____ Prayer meetings
- _____ Monthly or quarterly time of dining out
- _____ Bible studies
- _____ Monthly or quarterly catered meals
- _____ Sing-along
- _____ Theme dinner nights
- _____ Intergenerational Activities
- _____ Exercise classes
- _____ Visitation Ministry
- _____ Caregiver Classes
- _____ Caregiver Support Group
- _____ Craft and/or demonstration classes
- _____ Holiday events
- _____ Educational seminars/speakers _____ Bridge, Maj Jong, Chicken Foot Dominoes
- _____ Support groups (Alzheimer's, Parkinson, ALS, etc.)
- _____ Group outreach projects
- _____ Day trips
- _____ Special Events on Special Days, Veteran's Day, Grandparents Day, "Senior Prom" etc.

Other _____

12. What gifts, talents, and/or skills would you like to use to assist with this ministry?

13. What challenges do you face?

14. How can our church enhance/improve its service to you and your family?

15. Would you like to be part of a team who is serious about helping to plan events for our Older Adults? _____ Yes _____ No

16. Do you attend our events? _____ Yes _____ No

If yes, how can we enhance/improve this ministry?

17. How do you think our church views its midlife and beyond community?

18. Does your church have a Church Council/Committee/Team on Older Adult Ministries?

_____ Yes _____ No

19. Does your church have a paid Church Staff Coordinator/Pastor/Director for Older Adult Ministries? _____ Yes _____ No

20. Does your church have a Church Volunteer Coordinator/Director for Older Adult Ministries? _____ Yes _____ No

21. Do you have any other ideas or comments that might help in this ministry? Your thoughts are important to us. Please use the space provided to give us your suggestions.

Thank you for taking the time to answer this Survey.

Optional Information:

Name: _____

Address: _____

Phone: _____
Email: _____