What Does the Congregation Want and Need?

Return the survey to the Welcome Center, Connect Desk in the courtyard, collection basket, or the front office.

RESPONSES (please indicate your answer after each question)

1: Strongly Disagree 2: Disagree 3: Neither Agree nor Disagree 4: Agree 5: Strongly Agree

1. **MEMORIAL GARDEN**
   - **a.** I am aware of the Memorial Garden's purpose and where it is located. _____
   - **b.** I know how to arrange for interment of cremains and/or name(s) on the wall in the Memorial Garden. _____
   - **c.** I have attended a Memorial Service for a friend or loved one at the Church of the Palms. _____
   - **d.** I would consider choosing this church for the Memorial Service of a member, friend, or loved one. _____

2. **CONGREGATIONAL CARE + MEMBERSHIP**
   - **a.** I am aware that the church has visitation pastors that visit church members that are sick or homebound. _____
   - **b.** I have or know someone that has benefited from a Pastoral Visitation. _____
   - **c.** The church does an excellent job of serving its Membership through Congregational Care. _____
   - **d.** In a time of need, I have personally experienced or know someone who has been assisted by Congregational Care efforts or programs. _____
   - **e.** New Member classes are a valuable and effective way to orient new members and make them aware of how to get involved or volunteer for our church. _____

3. **SMALL GROUPS**
   - **a.** Our small groups are helpful and effective in my spiritual development and fostering new relationships. _____
   - **b.** I have participated in a small group and enjoyed/valued the experience _____

4. **WEDNESDAY NIGHT LIFE**
   - **a.** Wednesday Night Life is an excellent way to study Scripture, have a good meal, and foster friendships within the Congregation. _____
   - **b.** I frequently attend Wednesday Night Life or stream it from home. _____

5. **PRESBYTERIAN WOMEN**
   - **a.** The Presbyterian Women's Group provides monthly Bible study and fellowship along with opportunities to serve the local, national, and global missions. _____
   - **b.** I have or know someone who has benefited from the efforts of this group. _____

6. **DEACONS**
   - **a.** I am aware of the 150+ Deacons and Shepherding Deacons and how they care for the congregation. _____
   - **b.** I have served as a Deacon, or Shepherding Deacon, or have considered serving as a Deacon. _____

7. **STEPHEN MINISTERS**
   - **a.** I am aware of the Stephen Ministers and have been contacted by or have been assisted by one. _____
   - **b.** I have served or would consider serving as a Stephen Minister. _____

8. **GRIEFSHARE**
   - **a.** I am aware of the GriefShare group opportunity sponsored by the church. _____
   - **b.** I have or know someone who has benefited by participating in the GriefShare experience. _____

9. **SEASONAL EVENTS**
   - **a.** I have participated in congregational-wide seasonal events including
     ____ Christmas Cookie Sampling ____ Pentecostal Events ____ Easter Bread ____ Fall Kickoff

10. BIBLE STUDY

a. I have participated in a Bible study

____Men's _____ Chosen ____Women of the Word ____ Lectio Divina
____ Presbyterian Women Circle ____Bible Art Journaling ____Extraordinary Women

11. SENIOR WELLBEING MINISTRY

a. I have volunteered or wish to volunteer or participate in the Senior Wellbeing Ministry

____Support Groups ____Senior Wellbeing Lectures ____Caregiving Pathway Workshops
____ Neighbors Needing Respite

12. OTHER ACTIVITIES

a. I have benefitted from participating in activities available, including, but not limited to:

_____Book Club _____ Smart Phone _____Small Group for Women _____ Mindful Meditation
_____ Loving Stitches _____ Table of Six

13. FAMILY MINISTRY

a. I have volunteered or wish to volunteer or participate in the Family Ministry

____Nursery _____ Mission Trips ____ Impact Kids _____ Provide Sunday evening meal
____Impact Next ____ Student Ministry ____Vacation Bible School ____ Confirmation class
____ Small Group Leaders

14. TV AV COMMUNICATIONS MINISTRY

a. I have or wish to volunteer in

____ Camera ____Audio ____Computer Graphics ____TV Director ____Design _____Print
_____ Social Media

15. MISSIONS

a. I have or wish to volunteer in the mission endeavor of Church of the Palms.

____Honduras ____Mexico ____ Kirkuk ____ Mission Peniel. ____Food Pantry ____Upward Sports

16. MUSIC MINISTRY

a. I have served or wish to serve in Music Ministry

____ Children's Choir _____ Sounds of Glory Orchestra ____ Chancel Choir _____ Noontime Concert
____ Handbell Choir _____ Contemporary Worship Band ____ Cantori Choir

17. PALMS CENTER

a. I have or wish to participate in the offerings of the Palms Center and wish to participate in

____ Zumba ____ Restorative Fitness ____ Chair Yoga ____Pilates
____Gentle Grace Yoga ____ Trivia ____ Pickleball ____ Qigong
____Youth Basketball ____ Tai Chi

18. ELABORATE

a. Please feel free to elaborate in the space below on any of your answers, or to comment on other areas of concern or interest regarding what you believe the Congregation needs are at the Church of the Palms.

(Optional)

Name: _____ Email: _____ Phone: _____