

PRESBYTERIAN OLDER ADULT MINISTRIES: OLDER ADULT 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? _____ Birthdate? 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.

- | | |
|---|--|
| <input type="checkbox"/> Hospital visitation | <input type="checkbox"/> Home visitation |
| <input type="checkbox"/> Transporting the sick and disabled | <input type="checkbox"/> Bible study and discussion leader |
| <input type="checkbox"/> Prayer coordinator or prayer team | <input type="checkbox"/> Tour and travel coordinator |
| <input type="checkbox"/> House sitting | <input type="checkbox"/> Homemaker |
| <input type="checkbox"/> Mentoring | |
| <input type="checkbox"/> Other areas _____ | |

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

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