
FAITH COMMUNITIES TODAY

*A Congregational Survey Of
Nondenominational, Networked, and
Independent Churches*

*In Association With
Faith Communities Today and
The Cooperative Congregational Studies Project*

<http://fact.hartsem.edu>

January 2000

I. Your Congregation's Location and Building

- In what year was your congregation officially founded? _____
- In what ZIP Code area is the church's **primary worship building** located? _____
- In approximately what year did the congregation begin worshipping at its current location? _____
- Is your **primary worship building** located in: (✓ one)
 - Rural or open country ₁
 - Town or village of less than 10,000 ₂
 - In or around a city of 10,000 - 49,999 ₃
 - 50,000-249,999 ₄
 - 250,000+ ₅
- What is the total seating capacity of your sanctuary? _____
- Do any other congregations use your building space for worship? ₁ Yes ₂ No

II. Congregational Worship

1. **Worship Services.** [Note: if your congregation holds worship less than once a week, check here and answer for a typical weekend you do hold services]

	<i>Friday</i>	<i>Saturday</i>	<i>Sunday AM</i>	<i>Sunday PM</i>
A. How many worship services does your congregation have on each of the following days/times on a typical weekend?				
B. What is the total attendance for all services held on this day/time on a typical weekend?				

2. How often does the sermon in your worship service **focus** on: (✓ one on each line)

	<u>Always</u>	<u>Often</u>	<u>Sometimes</u>	<u>Seldom</u>	<u>Never</u>
A. God's love and care	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
B. Practical advice for daily living	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C. Personal spiritual growth	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
D. Social justice or social action	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
E. The Gifts/Power of the Holy Spirit	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
F. Personal Salvation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
G. Struggling with faith and belief	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
H. Living a moral life	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
I. Stewardship of time and money	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
J. End Times/ Second Coming	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

3. How often does the sermon in your worship service(s) **focus** on: (✓ one on each line)

	<u>Always</u>	<u>Often</u>	<u>Sometimes</u>	<u>Seldom</u>	<u>Never</u>
A. Personal stories or first-hand experiences	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
B. Literary or scholarly references	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C. Illustrations from contemporary media (e.g., magazines, newspapers, television, movies, etc.)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
D. Detailed explanations of scripture or doctrine	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

4. How often are the following included as part of your congregation's worship service(s)? (✓ one on each line)

	<u>Always</u>	<u>Often</u>	<u>Sometimes</u>	<u>Seldom</u>	<u>Never</u>
A. Reading/recitation of creeds or statements of faith	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
B. A time for members to testify about their faith	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C. A time during worship for people to greet each other	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
D. The use of visual projection equipment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
E. Altar Call for salvation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
F. Dance or drama	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
G. Speaking in tongues	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
H. Prayers for healing	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
I. Prophecy, words of knowledge	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

5. In comparison to the style of your congregation's worship service 5 years ago, would you say the style of your current primary worship service: [**Skip if your church is less than 5 years old**]

₁ Is basically the same ₂ Changed a little ₃ Changed somewhat ₄ Changed a great deal

6. How important are the following sources of authority in the worship and teaching of your congregation?

(✓ one on each line)

	<u>Absolutely Foundational</u>	<u>Very Important</u>	<u>Somewhat Important</u>	<u>Little Or No Importance</u>
A. The Bible	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
B. Historic creeds, doctrines & tradition	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
C. The leading of the Holy Spirit	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
D. The authority of nondenominational spiritual head, network overseer, or elder	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
E. Human reason and understanding	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
F. Personal experience	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
G. Congregational vision & purpose	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

H. Now please write the letter of the **one** source of authority that is **most important** in your congregation's worship and teaching, as difficult a choice as this may be, in this box →



7. How often are the following used in your congregation's worship service(s)? (✓ one on each line)

	<u>Always</u>	<u>Often</u>	<u>Sometimes</u>	<u>Seldom</u>	<u>Never</u>
A. Organ and/or piano	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
B. Electronic keyboard or synthesizer	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C. Electric guitar or bass	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
D. Non-electronic string or wind instruments	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
E. Drums or other percussion instruments	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
F. Recorded music (tapes, cd's, etc.)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

8. How well does each of the following statements describe your congregation? (✓ one on each line)

Very Well Quite Well Some-What Slightly Not At All

- | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| A. Our congregation is like a close-knit family | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Our congregation is spiritually vital and alive | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Our congregation is working for social justice | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Our congregation helps members deepen their relationship with God | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Our congregation is trying to increase its racial/ethnic diversity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Our congregation clearly expresses its nondenominational independent stance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Our congregation is a moral beacon in the community | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H. We welcome innovation in our ministries & programs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I. Disagreements and conflicts are dealt with openly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| J. Our congregation encourages the public expression of speaking in tongues | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K. Our congregation has a strong racial/ethnic or national heritage it is trying to preserve | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| L. Members are excited about the future of our church | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| M. New members are easily incorporated into the life of our congregation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| N. We have a clear sense of mission and purpose | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

III. Your Congregational Participants:

1. Approximately how many persons would you say are associated **in any way** with the religious life of your congregation — counting both adults and children, counting both regular and irregular participants, counting both official or registered members and also participating nonmembers.

→ → Number _____

2. Approximately how many persons — both adults and children — would you say **regularly participate** in the religious life of your congregation — *whether or not* they are officially members of your congregation?

A. Number of **regularly participating** adults (18 and over) → → → → → → _____

B. Number of **regularly participating** children and teens (17 and under) → → _____

3. What was (or is) the average weekly attendance (including adults and children) for the following years?

1980 _____ 1985 _____ 1990 _____ 1995 _____

4. Of your total number of **regularly participating adults**, what percent would you estimate are:

- | | |
|--|------------------------------------|
| ● American Indian/Alaska Native _____% | ● White _____% |
| ● Asian _____% | ● Black or African American _____% |
| ● Native Hawaiian or Other Pacific Islander _____% | ● Hispanic or Latino _____% |
| | ● Biracial/multiracial _____% |

5. Of the total number of **regularly participating adults**, what percent would you estimate are:

None Hardly Any Few Some Many Most All Or Nearly All

		1-10%	11-20%	21-40%	41-60%	61-80%	81-100%
A. Female	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
B. Not high school graduates	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
C. At least College graduates	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
D. Age 35 or younger	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
F. Over 60 years old	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
G. Married	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
H. Grew up nondenom. or independent	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
I. New to your congregation in the last five years	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
J. Living in the immediate area around your church building	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
K. Commuting more than 15 minutes to get to your worship services	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
L. Currently holding volunteer leadership roles in your church (serve on committees, teach Sunday school, run programs)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
M. In households with incomes below \$20,000	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
N. In households with incomes above \$75,000	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
O. In households with children under 18 present	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

6. Which one label below comes closest to describing the theological position of the majority of your regularly participating adults?

- | | | |
|--|---|--|
| <input type="checkbox"/> ₁ Fundamentalist | <input type="checkbox"/> ₄ Charismatic | <input type="checkbox"/> ₇ New Age |
| <input type="checkbox"/> ₂ Evangelical | <input type="checkbox"/> ₅ Moderate | <input type="checkbox"/> ₈ Seeker |
| <input type="checkbox"/> ₃ Pentecostal | <input type="checkbox"/> ₆ Liberal | <input type="checkbox"/> ₉ Other: _____ |

IV. Congregational Programs

1. Does your congregation have a Sunday school program that meets regularly? ₁ Yes ₂ No

IF YES:

A. What is the typical, total, weekly attendance of **adults (18 and over)**? → → → → → _____

B. What is the typical, total, weekly attendance of **children and teens (17 and under)**? → _____

2. Are new members:

Required to take informational class prior to or after becoming a member? ₁ Yes ₂ No

Assigned a "mentor" (a pastor or lay leader) to incorporate them into the church? ₁ Yes ₂ No

Strongly encouraged to volunteer in the church's ministries? ₁ Yes ₂ No

3. Overall, to what extent are your church members involved in recruiting new members?

- ₁ Extensively ₂ Moderately ₃ Minimally ₄ Not at all

4. During the past 12 months, did your congregation have any of the following programs or activities in addition to the above mentioned Sunday school programs?

	<u>NO</u>	<u>YES</u>
A. Bible study (other than Sunday School)	No	Yes
B. Theological or doctrinal study	No	Yes
C. Prayer or meditation groups	No	Yes
D. Spiritual retreats	No	Yes
E. Community service	No	Yes
F. Parenting or marriage enrichment	No	Yes
G. Choir(s)	No	Yes
H. Other performing arts (e.g., music, dance, drama)	No	Yes
I. Groups that discuss books or contemporary issues	No	Yes
J. Self-help or personal growth groups	No	Yes
K. Exercise, fitness or weight loss groups or classes	No	Yes
L. Sports teams	No	Yes
M. Youth/ Teen activities	No	Yes
N. Young Adult activities	No	Yes
O. Senior Adult activities	No	Yes
P. Mens/Womens ministries (e.g. Promisekeepers, AGLOW.)	No	Yes
Q. National programs (e.g. AWANA, Bible Study Fellowship)	No	Yes

5. In the past 12 months, did your congregation directly provide, or work with another program in providing any of the following services for your own members or for people in the community?

[including material or financial contributions, volunteer time by church members, space in your building]

No ----- **Yes, circle all that apply** -----
Provided Directly *Cooperated With Another*
By Your *Church, Agency, or*
Congregation Organization's Program

A. Food pantry, soup kitchen or food donations	No	Yes	Yes
B. Cash or vouchers given to families or individuals	No	Yes	Yes
C. Thrift store or donations	No	Yes	Yes
D. Temporary or permanent shelter/housing	No	Yes	Yes
E. Counseling services or support groups	No	Yes	Yes
F. Substance abuse & 12-step recovery programs	No	Yes	Yes
G. Day care, pre-school, before/after-school programs	No	Yes	Yes
H. Programs for youth & teens	No	Yes	Yes
I. Voter registration or voter education	No	Yes	Yes
J. Social issue advocacy, Community organizing	No	Yes	Yes
K. Employment counseling, placement or training	No	Yes	Yes
L. Health programs/clinics/health education	No	Yes	Yes
M. Hospitals & Nursing home	No	Yes	Yes
N. Prison ministry	No	Yes	Yes
O. Senior citizen programs (other than housing)	No	Yes	Yes
P. Program for migrants or immigrants	No	Yes	Yes

6. To what extent does your congregation emphasize in its worship and education the following **home or personal practices?** (✓ one on each line)

A Great Deal Quite A Bit Some A Little Not At All

- A. Personal prayer, meditation or devotions ₁ ₂ ₃ ₄ ₅
- B. Studying the Bible ₁ ₂ ₃ ₄ ₅
- C. Family devotions ₁ ₂ ₃ ₄ ₅
- D. Fasting ₁ ₂ ₃ ₄ ₅
- E. Observing dietary restrictions ₁ ₂ ₃ ₄ ₅
- F. Abstinence from alcohol ₁ ₂ ₃ ₄ ₅
- G. Keeping the Sabbath day Holy ₁ ₂ ₃ ₄ ₅
- H. Abstaining from premarital sex ₁ ₂ ₃ ₄ ₅

V. Affiliations, Networks and Partnerships

1. Is your congregation part of a Network, Fellowship, Association or Denomination? ₁ Yes ₂ No

If Yes, What is the name of this Networked Group? _____

What is the approximate number of churches in the Fellowship? _____

If you would like, describe your church's relationship to this Group: (Does it ordain, provide resources, offer insurance & annuity? Do you pay dues or tithe? Are there overseers, advisors? Are there local or national meetings?)

2. During the last 12 months, has your congregation been involved in any of the following types of inter-congregational, ecumenical or interfaith activities?

(Circle all the "yeses" that apply)

		<u>With other congregations or persons:</u>		
		<i>From our</i>	<i>From other</i>	<i>From other</i>
		<i>Denom or other</i>	<i>Christian</i>	<i>Faith</i>
		<i>nondenom groups</i>	<u>Denominations</u>	<u>Traditions</u>
A. Joint worship services	<u>No</u>	Yes	Yes	Yes
B. Joint celebrations or programs other than worship	No	Yes	Yes	Yes
C. Joint social outreach or service projects	No	Yes	Yes	Yes
D. Councils of Churches or ministerial associations	No	Yes	Yes	Yes

3. Does your church have regular access to a computer?

₀ No ₁ Yes, we use a member's personal computer ₂ Yes, the church owns a computer

Does your church have an email address? ₁ Yes ₂ No What is this address?

Does your church have a web site? ₁ Yes ₂ No What is the web address? http://_____

**** If you include your email address, we will send you an electronic copy of our summary report from this national survey.**

VI. Leadership And Organizational Dynamics

1. Please describe the current (or senior) pastor by checking all of the boxes that apply or filling in the requested

information. If you have **co-pastors**, please check here and answer the following for the *older* of your co-pastors. If you do not currently have a [clergy person], please check here and skip to question 3.

A. Age? ____ Years old

B. ₁ Paid ₂ Volunteer

C. ₁ Full time ₂ Full time, supplemented by outside employment

₃ Part time → IF PART TIME does he/she also: 1) Serve another congregation? ₁ Yes ₂ No
2) Work a secular job? ₁ Yes ₂ No

D. ₁ Male ₂ Female

E. ₁ [Regular call] ₂ [Temporary/interim]

F. Highest level of education (✓ one):

- ₁ High school diploma or less
- ₂ Some college or technical
- ₃ College bachelors degree
- ₄ Masters Degree
- ₅ Doctoral Degree

G. Highest level of ministerial education (✓ one):

- ₁ None
- ₂ Certificate or correspondence program
- ₃ Bible college or some seminary
- ₄ Seminary Masters degree (e.g., M. Div)
- ₅ Post-Masters, seminary degree (e.g. D.Min)

H. Race/ethnicity (✓ one):

- ₁ American Indian/Alaska Native
- ₂ Asian
- ₃ Black or African American
- ₄ Hispanic or Latino
- ₅ Native Hawaiian/Other Pacific Islander
- ₆ White
- ₇ Other _____

2. This person became your (senior) pastor in what year? _____
3. How many (senior) pastors, include the current one, served this church in the past 10 years? _____
4. How many years did the previous (senior) pastor serve this congregation? _____ years
5. How many paid, ministerial staff does this congregation have?
A. Number Full time, paid _____ B. Number Part time, paid _____
6. How many paid, program staff does this congregation have?
A. Number Full time, paid _____ B. Number Part time, paid _____
7. Approximately how many volunteer workers (giving 5 + hours a week) does the church have? _____

VI. Finances {Please skip if your church prefers not to share this information}

1. Approximately how much income did your congregation receive last year from **all** sources (e.g., tithes, pledges, dues, offerings, bequests, endowment, TV, school tuition, etc)? \$_____
2. What was the approximate total dollar amount of all the above expenditures \$_____

Thank you for participating! We greatly appreciate your effort! God Bless!

Please return the survey in the enclosed envelope to:

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sthumma@hartsem.edu

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If you have any questions please contact: