

Board of Elders

Every Member Visitation 2020



Name: _____

Our Mission: "To make more and better disciples for Jesus Christ."

1) **What is your address?**

2) **What is your home phone number?**

() - _____

May we have your permission to include your address, home phone number, cell phone number(s), and email address(s) in the church directory?

Yes No

3) **What is your mobile/cell phone number? (Spouse?)**

() - _____
SELF

() - _____
SPOUSE

4) **What is your email address? (Spouse?)**

_____ SELF

_____ SPOUSE

5) **Are you currently employed? What is/was your occupation?**

(Please circle the appropriate response and fill in the blank)

Yes No Retired

Yes No Retired

_____ SELF

_____ SPOUSE

6) **What church related or community service groups do you belong to?** (Please check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Altar Guild | <input type="checkbox"/> Faith and Health Team | <input type="checkbox"/> Prayer Shawl Ministry |
| <input type="checkbox"/> Assimilation Committee | <input type="checkbox"/> Family Ministry | <input type="checkbox"/> Prayer Warriors |
| <input type="checkbox"/> Audio/Visual Tech Team | <input type="checkbox"/> Finance Committee | <input type="checkbox"/> PTA/PTFL |
| <input type="checkbox"/> Bell Choir | <input type="checkbox"/> Greeters | <input type="checkbox"/> Readers |
| <input type="checkbox"/> Building and Grounds | <input type="checkbox"/> Haiti Missions | <input type="checkbox"/> Senior Citizens |
| <input type="checkbox"/> Card Ministry | <input type="checkbox"/> LADD | <input type="checkbox"/> Stephen Ministry |
| <input type="checkbox"/> Cemetery Committee | <input type="checkbox"/> Ladies Monday Evening Discussion | <input type="checkbox"/> Stewardship Committee |
| <input type="checkbox"/> Children's Church | <input type="checkbox"/> L.I.F.E. | <input type="checkbox"/> Sunday School |
| <input type="checkbox"/> Choir | <input type="checkbox"/> Meals-on-Wheels | <input type="checkbox"/> TCS Lunch Volunteer |
| <input type="checkbox"/> Council of Churches | <input type="checkbox"/> Nursery Care | <input type="checkbox"/> TCS Volunteer Driver |
| <input type="checkbox"/> Counters | <input type="checkbox"/> Outreach Team | <input type="checkbox"/> Trinity Men in Ministry |
| <input type="checkbox"/> Deacons | <input type="checkbox"/> Political Activities | <input type="checkbox"/> Vacation Bible School |
| <input type="checkbox"/> Elders | <input type="checkbox"/> Praise/Worship Band | <input type="checkbox"/> VFW/American Legion |
| <input type="checkbox"/> Executive Committee | | <input type="checkbox"/> Youth Ministry |

Other _____

7) **What do you love to do? What do you do that gives you the most joy and/or satisfaction? What are your hobbies?** (Please check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Auto/Appliance Repairs | <input type="checkbox"/> Cooking/Baking | <input type="checkbox"/> Movies |
| <input type="checkbox"/> Acting | <input type="checkbox"/> Gardening | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Baby Sitting | <input type="checkbox"/> Golfing | <input type="checkbox"/> Sewing/Knitting |
| <input type="checkbox"/> Bible Study | <input type="checkbox"/> Helping Others | <input type="checkbox"/> Singing |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Hunting | <input type="checkbox"/> Sporting Events |
| <input type="checkbox"/> Computers/Technology | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Other _____ | | |

8) **Have you ever participated in an assessment to determine your spiritual gifts? If so, what are/were they?** (Please circle the appropriate response and check all that apply)

Yes No Not sure

- | | | |
|---|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Giving | <input type="checkbox"/> Missionary |
| <input type="checkbox"/> Celibacy | <input type="checkbox"/> Helps | <input type="checkbox"/> Music |
| <input type="checkbox"/> Craftsmanship | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Pastor |
| <input type="checkbox"/> Discernment | <input type="checkbox"/> Intercession | <input type="checkbox"/> Prophecy |
| <input type="checkbox"/> Evangelist | <input type="checkbox"/> Knowledge | <input type="checkbox"/> Service |
| <input type="checkbox"/> Exhortation | <input type="checkbox"/> Leadership | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Faith | <input type="checkbox"/> Mercy | <input type="checkbox"/> Wisdom |

9) **Are you currently involved in a group Bible Study?** (Please circle the appropriate response)

Yes No

If you are in a group Bible study, how often do you meet? If you are not in a group Bible study, how often do you read/study the Bible on your own? (Please check the appropriate response)

- | | | |
|---------------------------------|----------------------------------|--------------------------------|
| <input type="checkbox"/> Daily | <input type="checkbox"/> Monthly | <input type="checkbox"/> Never |
| <input type="checkbox"/> Weekly | <input type="checkbox"/> Seldom | |

10) **Our mission is "To make more and better disciples for Jesus Christ". To that end,**

1) **What do you feel Trinity does well?**

2) **What could Trinity do better?**

3) *What's missing? What don't we do? What worship opportunities or ministries should we be offering that we currently do not provide?*

4) *Which existing or potential mission(s) or ministry(s) of Trinity Lutheran Church do you feel offer our first and best opportunities to "make more and better disciples for Jesus Christ"?*
(Please check all that apply and fill in the blank if necessary)

- | | | |
|--|---|---|
| <input type="checkbox"/> Adult Education Classes | <input type="checkbox"/> Community Outreach | <input type="checkbox"/> Trinity Christian School |
| <input type="checkbox"/> Adult/Family Bible Study | <input type="checkbox"/> Haiti Missions | <input type="checkbox"/> Vacation Bible School |
| <input type="checkbox"/> Assimilation of New Members | <input type="checkbox"/> Stephen Ministry | |
| | <input type="checkbox"/> Sunday School | |
- Other _____

11) *What elements of the worship service are most important to you as a member of the body of believers at Trinity Lutheran Church?* (Please check all that apply and fill in the blank if necessary)

- | | | |
|--|--|--|
| <input type="checkbox"/> Announcements | <input type="checkbox"/> Confession of Sins and Absolution | <input type="checkbox"/> Scripture Readings |
| <input type="checkbox"/> Children's Church | | <input type="checkbox"/> Sermon |
| <input type="checkbox"/> Communion | <input type="checkbox"/> Contemporary Music | <input type="checkbox"/> Time of the Service |
| <input type="checkbox"/> Confession of Faith | <input type="checkbox"/> Liturgy | <input type="checkbox"/> Traditional Hymns |
| | <input type="checkbox"/> Prayers | |
- Other _____

12) *What elements of the worship service are least important to you as a member of the body of believers at Trinity Lutheran Church?* (Please check all that apply and fill in the blank if necessary)

- | | | |
|--|--|--|
| <input type="checkbox"/> Announcements | <input type="checkbox"/> Confession of Sins and Absolution | <input type="checkbox"/> Scripture Readings |
| <input type="checkbox"/> Children's Church | | <input type="checkbox"/> Sermon |
| <input type="checkbox"/> Communion | <input type="checkbox"/> Contemporary Music | <input type="checkbox"/> Time of the Service |
| <input type="checkbox"/> Confession of Faith | <input type="checkbox"/> Liturgy | <input type="checkbox"/> Traditional Hymns |
| | <input type="checkbox"/> Prayers | |
- Other _____

13) Why do you attend Trinity Lutheran Church? (Please check all that apply and add comments if appropriate)

- | | |
|--|---|
| <input type="checkbox"/> I've always been there, a member since birth. | <input type="checkbox"/> Contemporary Worship is offered. |
| <input type="checkbox"/> Fellowship. My Family and/or Friends are there. | <input type="checkbox"/> Sunday School/Children's Church is offered. |
| <input type="checkbox"/> Friendly/Welcoming Atmosphere. | <input type="checkbox"/> Trinity Christian School is supported by the church. |
| <input type="checkbox"/> Location. | <input type="checkbox"/> Worship Times are convenient. |
| <input type="checkbox"/> Sermons are meaningful and relevant. | <input type="checkbox"/> Music Program. |
| <input type="checkbox"/> Traditional Worship is offered. | |

Other/Comments

14) Are there any needs that you (or your family) may have that the church can help you with?
