



# Cross Creek Church Congregational Survey - 2006

The leadership of our church is engaged in a time of planning and reflection. Because your input is important to this process, we would greatly appreciate your taking a few minutes to complete this survey. Please do not share a survey with someone else. If you have a spouse/partner who is part of this congregation, you should each complete your own survey. **PLEASE DO NOT WRITE YOUR NAME ON THIS SURVEY.** The information should be anonymous. Strict confidentiality will be maintained. PLEASE BE CANDID! Thank you!



## 1 Church Participation

1. Do you consider Cross Creek your church home?  Yes  No
2. Are you a Covenant Member of Cross Creek?  Yes  No
3. If yes, for how many years? \_\_\_\_\_
4. About how many miles do you live from the church? \_\_\_\_\_
5. What is your zip code? \_\_\_\_\_
6. How many children live in your household? \_\_\_\_\_

### 7. Please check the religious tradition you were raised in. If more than one, which had the greatest impact upon you? (Check Only one)

- |                                    |   |  |                                      |  |
|------------------------------------|---|--|--------------------------------------|--|
| <input type="checkbox"/> Adventist | <input type="checkbox"/> Congregational | <input type="checkbox"/> Jehovah's Witness | <input type="checkbox"/> Mormon      | <input type="checkbox"/> Presbyterian/Reformed             |
| <input type="checkbox"/> Baptist   | <input type="checkbox"/> Episcopal      | <input type="checkbox"/> Judaism           | <input type="checkbox"/> UCC         | <input type="checkbox"/> Unitarian/Universalist            |
| <input type="checkbox"/> Buddhist  | <input type="checkbox"/> Holiness       | <input type="checkbox"/> Lutheran          | <input type="checkbox"/> Orthodox    | <input type="checkbox"/> Other                             |
| <input type="checkbox"/> Catholic  | <input type="checkbox"/> Islam          | <input type="checkbox"/> Methodist         | <input type="checkbox"/> Pentecostal | <input type="checkbox"/> Not raised in religious tradition |

### 8. Indicate your level of involvement with your faith now and ten years ago (check one for each line)

- |             | Not Involved               |                            |                            | Somewhat Involved          |                            |                            |                            | Strongly Involved          |                            |                             |
|-------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| Now:        | <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 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 |
| 10 Yrs Ago: | <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 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 |

### 9. Has your overall involvement in this congregation increased, decreased, or remained the same during the last two (2) years (check one):

- Increased  Decreased  Remained the Same  Does Not Apply

#### a. If your involvement has *increased*, which are the reasons for that increase? (Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> More time available | <input type="checkbox"/> More positive attitude toward Cross Creek          |
| <input type="checkbox"/> Because of children | <input type="checkbox"/> Stronger faith                                     |
| <input type="checkbox"/> Better health       | <input type="checkbox"/> Accepted volunteer/paid position within the church |
| <input type="checkbox"/> Other: _____        |   |

#### b. If your involvement has *decreased*, which are the reasons for that decrease? (Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Less time available | <input type="checkbox"/> More negative attitude toward Cross Creek         |
| <input type="checkbox"/> Because of children | <input type="checkbox"/> Faith Struggles                                   |
| <input type="checkbox"/> Health problems     | <input type="checkbox"/> Gave up volunteer/paid position within the church |
| <input type="checkbox"/> Other: _____        |  |

## 2 Church Preferences

### 1. Which four (4) programs and services offered by many churches are most important to you and your family?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> 1. Family activities and outings            | <input type="checkbox"/> 8. Parent training programs      | <input type="checkbox"/> 15. Marriage enrichment         |
| <input type="checkbox"/> 2. Sports or camping                        | <input type="checkbox"/> 9. Twelve step recovery programs | <input type="checkbox"/> 16. Children's ministry         |
| <input type="checkbox"/> 3. Bible study discussion and prayer groups | <input type="checkbox"/> 10. Grief/Divorce recovery       | <input type="checkbox"/> 17. Care for terminally ill     |
| <input type="checkbox"/> 4. Spiritual retreats                       | <input type="checkbox"/> 11. Day care services            | <input type="checkbox"/> 18. Youth programs              |
| <input type="checkbox"/> 5. Food pantry & clothing resources         | <input type="checkbox"/> 12. Active retirement Program    | <input type="checkbox"/> 19. Church sponsored day school |
| <input type="checkbox"/> 6. Personal/family counseling               | <input type="checkbox"/> 13. Adult theological talks      |  |
| <input type="checkbox"/> 7. Justice Programs                         | <input type="checkbox"/> 14. Mission Projects             |  |

2. Circle *one* number closest to your personal preference for a church. If your preference is for both, equally, circle '3'.

Worship which is:

a	Emotionally Uplifting	1	2	3	4	5	Intellectually challenging
b	Traditional/Formal/Ceremonial	1	2	3	4	5	Contemporary/Informal

Music which is:

c	Traditional	1	2	3	4	5	Contemporary
d	Performed by others	1	2	3	4	5	Participatory

Involvement and Mission emphasis which is:

e	Community Focused	1	2	3	2	5	Personal spiritual development
f	Global mission	1	2	3	2	5	Local mission

Church Architecture which is:

g	Traditional	1	2	3	4	5	Contemporary
h	Somber/Serious	1	2	3	4	5	Light and airy

# 3

## Your Concerns

1. Among the following items, select six (6) of greatest concern to you.

Dealing with:	Developing/Achieving:	Finding/Providing: (cont'd)
<input type="checkbox"/> 1. Abusive relationships	<input type="checkbox"/> 12. Fulfilling marriage	<input type="checkbox"/> 22. Retirement opportunities
<input type="checkbox"/> 2. Teen/Child problems	<input type="checkbox"/> 13. Personal health	<input type="checkbox"/> 23. Spiritual teaching
<input type="checkbox"/> 3. Neighborhood gangs	<input type="checkbox"/> 14. Parenting skills	<input type="checkbox"/> 24. Better quality healthcare
<input type="checkbox"/> 4. Racial/ethnic prejudice	<input type="checkbox"/> 15. Educational objectives	<input type="checkbox"/> 25. Satisfying job/career
<input type="checkbox"/> 5. Divorce	<input type="checkbox"/> 16. Long-term financial security	<input type="checkbox"/> 26. Life direction
<input type="checkbox"/> 6. Alcohol/Drug abuse	<b>Finding/Providing:</b>	<input type="checkbox"/> 27. Good Church
<input type="checkbox"/> 7. Stress	<input type="checkbox"/> 17. Health insurance	<input type="checkbox"/> 28. Time for recreation/leisure
<input type="checkbox"/> 8. Neighborhood crime & safety	<input type="checkbox"/> 18. Affordable housing	<input type="checkbox"/> 29. Child care
<input type="checkbox"/> 9. Problems in schools	<input type="checkbox"/> 19. Companionship	<input type="checkbox"/> 30. Adequate food
<input type="checkbox"/> 10. Day to day financial worries	<input type="checkbox"/> 20. Employment opportunities	<input type="checkbox"/> 31. Good schools
<input type="checkbox"/> 11. Social injustice	<input type="checkbox"/> 21. Aging parent care	

# 4

## Your Life's Satisfaction

Read each statement and indicate the degree of your satisfaction or dissatisfaction by circling one number under the appropriate heading. If a particular statement does not apply, circle number "9". (Circle only one number per line)

	Very Satisfied	Satisfied	Neither	Dissatisfied	Very Dissatisfied	Not Applicable
1. Relationship with God	1	2	3	4	5	9
2. Personal spiritual growth	1	2	3	4	5	9
3. Personal Bible study and prayer	1	2	3	4	5	9
4. My health	1	2	3	4	5	9
5. My job/career	1	2	3	4	5	9
6. My personal financial situation	1	2	3	4	5	9
7. My family life	1	2	3	4	5	9
8. Relationship with my extended family	1	2	3	4	5	9
9. Relationship with my spouse/Partner	1	2	3	4	5	9
10. Relationship with my children	1	2	3	4	5	9
11. Spiritual development of my family	1	2	3	4	5	9
12. Sharing my faith with others	1	2	3	4	5	9
13. My actual ministry involvement in church	1	2	3	4	5	9
14. Personal relationships with people in church	1	2	3	4	5	9
15. General satisfaction with the church	1	2	3	4	5	9
16. Relationship with former spouse/Partner	1	2	3	4	5	9
17. Relationship with stepchildren	1	2	3	4	5	9
18. Quality of Life in my community	1	2	3	4	5	9
19. My education	1	2	3	4	5	9
20. My children's educational environment	1	2	3	4	5	9

# 5

## Background Information

1) What was the calendar year you were born in?

(Examples: 1937, 1987, 1959)

2) What is your relationship status? (Check one)

- a. Single                       b. Married/Partnered(First Time)                       c. Separated  
 d. Divorced                       e. Remarried/ Re-partnered                       f. Widowed

2a) If married/partnered, does your other attend this church? (Check one)

a. Yes

a. No

2b) If married, is your spouse also filling out this survey? (Check one)

b. Yes

b. No

2c) If married, is your spouse employed? (Check one)

c. Yes

c. No

3) How many children do you have living in your household in each of the following age groups?  
( in each age category, where applicable) Enter the number of children

- |                          |                               |                          |                     |                          |                     |
|--------------------------|-------------------------------|--------------------------|---------------------|--------------------------|---------------------|
| <input type="checkbox"/> | a. 0 to 2 years old           | <input type="checkbox"/> | b. 3 to 5 years old | <input type="checkbox"/> | c. Elementary       |
| <input type="checkbox"/> | d. Junior High/ Middle School | <input type="checkbox"/> | e. High School      | <input type="checkbox"/> | f. Post High School |

4) What is your race/ethnic origin? (Check one)

- |  |  |   |  |                                   |
|--|--|---|--|-----------------------------------|
| <input type="checkbox"/> a. White (Non-Hispanic) | <input type="checkbox"/> e. Japanese     | <input type="checkbox"/> i. Filipino    | <input type="checkbox"/> m. Puerto Rican                   | <input type="checkbox"/> q. Other |
| <input type="checkbox"/> b. African-American     | <input type="checkbox"/> f. Asian Indian | <input type="checkbox"/> j. Other Asian | <input type="checkbox"/> n. Other Hispanic                 | <input type="checkbox"/>          |
| <input type="checkbox"/> c. Native American      | <input type="checkbox"/> g. Korean       | <input type="checkbox"/> k. Mexican     | <input type="checkbox"/> o. Hawaiian, Guamanian and Samoan | <input type="checkbox"/>          |
| <input type="checkbox"/> d. Chinese              | <input type="checkbox"/> h. Vietnamese   | <input type="checkbox"/> l. Cuban       | <input type="checkbox"/> p. Other Pacific Islander         | <input type="checkbox"/>          |

5) What is your approximate annual family income? (Check one) [Optional]

- |   |  |  |  |   |
|---|--|--|--|---|
| <input type="checkbox"/> a. Less than \$5,000   | <input type="checkbox"/> c. \$15,000 to \$24,999 | <input type="checkbox"/> e. \$35,000 to \$49,999 | <input type="checkbox"/> m. \$75,000 to \$99,999   | <input type="checkbox"/> q. \$150,000 + |
| <input type="checkbox"/> b. \$5,000 to \$14,999 | <input type="checkbox"/> d. \$25,000 to \$34,999 | <input type="checkbox"/> f. \$50,000 to \$74,999 | <input type="checkbox"/> n. \$100,000 to \$149,000 |   |

6) What is your highest level of formal education? (Check one)

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> a. Elementary      | <input type="checkbox"/> c. High School graduate              | <input type="checkbox"/> e. College Degree – Associate (2 yr)  | <input type="checkbox"/> m. Post graduate - Masters   |
| <input type="checkbox"/> b. Jr. High/Middle | <input type="checkbox"/> d. Some college, trade or vocational | <input type="checkbox"/> f. College Degree – Bachelor's (4 yr) | <input type="checkbox"/> n. Post graduate - Doctorate |

7) Which of the following descriptions apply to your current situation?(Check one)

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> a. Employed full time | <input type="checkbox"/> d. Disabled            | <input type="checkbox"/> g. Full time student   | <input type="checkbox"/> j. Unemployed, not looking |
| <input type="checkbox"/> b. Employed part time | <input type="checkbox"/> e. Full time homemaker | <input type="checkbox"/> h. Part time student   |   |
| <input type="checkbox"/> c. Retired            | <input type="checkbox"/> f. Part time homemaker | <input type="checkbox"/> i. Unemployed, seeking |   |

# 6

## Our Programs

How would you rate the following programs and ministries of our congregation? Circle the one number that best reflects your personal feelings. (Circle only one number per line)

	Very Negative	Somewhat Negative	Neutral/ Neither	Somewhat Positive	Very Positive	Don't Know/ Not Involved
1. Retreats	1	2	3	4	5	9
2. Our Whole Lives	1	2	3	4	5	9
3. Weekend Intensive	1	2	3	4	5	9
4. Music Ministry/Choir	1	2	3	4	5	9
5. Fellowship Events	1	2	3	4	5	9
6. Great Adventure	1	2	3	4	5	9
7. Vacation Bible School	1	2	3	4	5	9
8. Justice & Witness	1	2	3	4	5	9
9. Youth Programs	1	2	3	4	5	9
10. Member Care Programs	1	2	3	4	5	9
11. Other:	1	2	3	4	5	9

# 7

## Church Leadership

1) Pastors emphasize different roles in their ministries. Based upon what you perceive to be the needs of our congregation, rate the importance of the following characteristics of a senior pastor. Circle the number that best reflects your personal feelings. (If you do not have a particular opinion, please circle the "9" for "Don't know.")

	Very Unessential	Unessential	Neutral/ Neither	Essential	Very Essential	Don't Know
<b>a. Minister of the Word/Teacher of the Congregation</b> Finds primary fulfillment in preaching and teaching. Is attracted to a congregation with strong educational emphasis.	1	2	3	4	5	9
<b>b. Church Administrator</b> Fulfillment comes in administering and managing a productive, varied and effective church program.	1	2	3	4	5	9
<b>c. Social Activities</b> Ministry centers on relating the Gospel to the social context. Enjoys being on the cutting edge of social concerns and involvement in community affairs.	1	2	3	4	5	9
<b>d. Enabler/Facilitator</b> Centers ministry around work with small groups of people, helping them relate to particular needs and interests.	1	2	3	4	5	9
<b>e. Celebrant/Liturgist</b> Most at home leading the congregation in worship. Appreciates ritual and ceremony in both formal and informal settings.	1	2	3	4	5	9
<b>f. Spiritual Guide</b> Encourages development of the spiritual life by all in the congregation. Own spiritual life is exemplary.	1	2	3	4	5	9
<b>g. Witness/Evangelist</b> Focus of ministry is sharing the Gospel with those in and outside the church.	1	2	3	4	5	9
<b>h. Counselor/Healer</b> Spends major part of each week in pastoral counseling and visiting in homes and/or hospitals. Enjoys helping people through crises.	1	2	3	4	5	9
<b>i. Community Chaplain</b> Finds fulfillment in civic roles and leadership. Often serves on community committees and task groups.	1	2	3	4	5	9

2) Style of ministry varies by pastor. While you would probably agree that all of these characteristics are important, if you had to choose, in which direction would you lean? Circle the number that most closely represents your preference. CIRCLE ONLY ONE NUMBER! (If you have no opinion or are uncertain, circle #3)

	Strongly Prefer	Slightly Prefer	Neutral	Slightly Prefer	Strongly Prefer	
Expertise in Biblical and theological matters	1	2	3	4	5	High degree of spirituality
Tends to be provoking and challenging	1	2	3	4	5	Tends to be comforting and assuring
Preaching emphasizes the Bible	1	2	3	4	5	Preaching emphasizes contemporary issues
Welcomes and implements new ideas and approaches	1	2	3	4	5	Deep appreciation and commitment to tradition
Is a strong, decisive force in decisions regarding policy and program	1	2	3	4	5	Encourages decision making of other Pastors and/or lay leaders
Has formal style	1	2	3	4	5	Has relaxed style