



## Congregational Health Program Worksheet

Name of Church:	Property Street Address: City: State: County:
Mailing Address:	Church Telephone: Church Fax: Church website:
Clergy Name and Title:  Clergy Telephone:	
Other Contact Person and Title:  Other Telephone:	
Total Membership:	Average Weekly Attendance:
Location of Members: (check the one that best describes how far most of your members travel to get to your place of worship): <input type="checkbox"/> 1 mile or less <input type="checkbox"/> 1-5 miles <input type="checkbox"/> 5 miles or more	
Approximate % of each age group: 0-18 _____% 19-40 _____% 41-65 _____% Over 65 _____%	
Please describe the leadership structure in your church:	

What understanding does the leadership have of the role of the church in health and healing?

What is the congregation's sense of mission and ministry?

Please describe the level of involvement of your faith community in any community/interfaith outreach projects (i.e. financial support, volunteer hours, etc.)

Please describe outreach activities in which you plan to get involved. When?

Do you currently have a Health Committee/Team/Cabinet?

Yes, number of members: \_\_\_\_\_  
 No

If a Health Committee does not exist at present, do you think that there are 5-10 people who would commit to form and support one?

Yes  
 No

What do you see as the top five (5) acute or chronic spiritual, physical, mental, emotional, social, economic, or environmental issues within your faith community and/or the surrounding community?

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

How would participation in the Congregational Health Program help your faith community address these issues?

What do you think would be the benefits to having a Congregational Health Ministry and/or a Parish Nurse?

What do you think are the benefits of your faith community partnering with Samford's Congregational Health Program?

Additional Comments or Questions:

**Please send completed form to:**

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