

Faith Leaders Church Re-Opening Initiative (Tool-Kit Survey)

Name of Church_____

Pastor_____ Phone: _____

Address_____ Email_____

COVID-19Coordinator_____ Phone_____

Email_____

1). What is the approximate Church Square Footage? _____

Number of Separate Rooms: _ _____

2). Approximate members attending on a weekly basis_____

3). Do other groups use your church facilities? _____

4). Church Demographics: Please put in numerical order1-4 (1 the most)

Seniors-62 and older_____

Adults' 21-61_____

Youth-20-13_____

Children-0-12_____

5). Do you have a trained healthcare team operating in your congregation? Yes_____No_____

If yes, List: _____ Phone: _____

6). If not, are you interested in establishing a Health Team? Yes_____ No_____

7). Do Children worship in separate quarters? Yes_____ No_____

8). Have you begun a re-entry plan to conduct services in the church? Yes_____ No_____

9). What are your/or your members major concerns about returning to the church building:

10). Would Your Church Be Interested in Group Purchasing?

11) Other Comments:_____

Thank you for your participation! Contact Cynthia Finch for more information:

Email Back to: cynthiajfinch@gmail.com - Call 865-254-4793