



Family Ministries Quarterly Report

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Name of church _____

Family Ministries Coordinator (or contact person) _____

Address _____ City _____

State _____ Zip _____

Phone _____ E-Mail _____

1. Our church has a family ministries coordinator ____ YES ____ NO

If you answered NO, please indicate why

- we need someone trained
- we don't have anyone to do it
- our church has other priorities

2. I am the Family Ministries Leader for my church Yes No. I have _____ other offices in our church. They are:

3. Our church has a family ministries committee _____ YES _____ NO

If YES, please describe the members of the committee and the number of meetings:

4. Our Family Ministries Department has conducted a **Family Needs Assessment** Yes No. We have conducted a **Community Needs Assessment** Yes No.

5. Our church is a **Family-Friendly Place** Yes No

If yes, list things you do ensure a visiting family would want to return:

6. What are the Family Demographics of your church? **Please list numbers or percentages:**

Two Parent _____

Single Parent _____

Single Adult _____

Grandparents Parenting _____

Empty-Nesters _____

Multi-Generational Families _____

Other _____

7. Is there information you would like to share with us?

8. What might the local conference do to help your Family Ministries Department?

Form Completed by: **Family Ministries Leader** **Pastor** **Other** _____