

Spanish Fort United Methodist Church

Senior Adult Ministries Survey | Fall 2021

****PLEASE RETURN COMPLETED SURVEY TO THE CHURCH OFFICE****

(Please fill out one survey per individual)

Name: _____

Address: _____

Phone: _____ Email: _____

Do you work? Yes ____ No ____ | Do you drive at night? Yes ____ No ____

If you do not drive at night would you be willing to accept a ride? Yes ____ No ____

We have separated the survey into categories which hopefully mirror the 3 categories of ministry that laity will have an interest in whether it be by participation or facilitation (helping, organizing, leadership). There are checkmarks beside each choice to indicate interest as described and feel free to check both boxes as your interest dictates. The three categories that have been identified for laity involvement are:

1. Active
2. Transitional (rehab, hospital, limited nursing home, etc.)
3. Homebound (nursing home, assisted living, etc.)

A fourth area, critical / crisis / palliative, has been determined to be more driven by clergy involvement with help from laity as needed.

Area of interest or need:

<u>ACTIVE</u>	<u>Participation</u>	<u>Facilitation/Help</u>
Day trips near home (local activities by church bus or auto)	---	---
Overnight trips (destinations, 2-3 or 4 days)	---	---
Annual Senior Retreat (Blue Lake, other)	---	---
Senior Picnic	---	---
Monthly luncheon	---	---
Supper clubs	---	---

Exercise or fitness for seniors	---	---
Monthly or weekly board/card game time	---	---
Mission projects	---	---
Informational studies	---	---

<u>TRANSITIONAL</u>	<u>Participation</u>	<u>Facilitation/Help</u>
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Visitation	---	---
Telephone ministry	---	---
Card ministry	---	---
Meal Ministry	---	---
Transportation (doctor, groceries, medicine)	---	---
Communion service in home/facility	---	---

<u>HOMEBOUND</u>	<u>Participation</u>	<u>Facilitation/Help</u>
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Home maintenance / minor repairs	---	---
Visitation	---	---
Telephone / card ministry	---	---
Pet ministry	---	---
Flower ministry	---	---
Transportation (doctor, groceries, medicine)	---	---
Communion service in home/facility	---	---

Please indicate any additional interests or suggestions:



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