



St. James Missionary Baptist Church MEMBER FEEDBACK

Thank you for being a faithful member of St. James Missionary Baptist Church. The purpose of this membership feedback is to obtain informative inputs from members like you. Your cooperation in completing this feedback will be greatly appreciated as St. James strives to improve in our ability to reach the lost, teach the membership, and preach God's Word to God's people.

Please answer **ALL** questions based on your personal experience at St. James.
Each submission is completely anonymous.

Please return your completed form to the Church Office or insert in the box in the front or rear foyer.

For any questions, please contact the Church Office at 512.928.2753

Gender

- Male Female

Age

- Under 26 27-35
 36-50 51-70
 Over 70

Education Level

- I did not complete High School High School Graduate/GED
 Some College Associates Degree
 Undergraduate Degree Graduate Degree
 Post Graduate Degree

Marital Status

- Single Married
 Separated Divorced
 Widowed

Zip Code:

What is your occupation/vocation which BEST describes your industry? (If retired, please indicate your previous occupation/vocation. i.e. Retired Teacher)

What are your hobbies and/or talents?

Would you be willing to lend your expertise to help build, grow and meet ministry needs at St. James Missionary Baptist Church?

- Yes No

How many years have you been a Christian?

- 0-20 21-40
 41-60 61 or more

How many years have you been a member of St James?

- 0-5 6-10
 11-2 More than 20

Which service do you MOST FREQUENTLY attend? (Select one)

- 7:00am 4th Sunday Prayer Breakfast 9:00am Sunday Church School
 10:00am Sunday Morning Worship 6:00pm Sunday Evening Service
 8:00am Wednesday Bible Study NOON Wednesday Bible Study
 6:00pm Wednesday Prayer Meeting 7:00pm Wednesday Bible Study

Do you have children or dependents under 18?

- Yes No

Do you feel St. James Missionary Baptist Church has sufficient youth programs for your children?

- Yes No
 I do not have children

If applicable, what kinds of programs would you like to see for the youth? Please describe.

Have you been involved in another church congregation before this one?

- Yes No

How many ministries are you a part of?

- 0 1
 2 3
 4 5 or more

My auxiliary ministry helps me with challenges in my life.

- Yes No
 Somewhat na

My participation at St. James Missionary Baptist Church strengthens my faith.

- Yes No

It is my experience that God uses my gifts and talents for building the ministry.

- Yes No

How often do you pray?

- Every hour Every day
 Never Only when I need to

Do you pray while in a public setting? (i.e. say grace at a restaurant, school, work, etc.)

- Yes No
 Sometimes

If asked, I am willing to pray at auxiliary meetings, events or worship service.

- Yes No

How often do you read the Bible?

- Daily Weekly
 Rarely At Church Services/Bible Study only
 Never

I feel the sermon in the worship service speaks to my personal situation.

- Yes No

Comment:

I connect with God in a meaningful way during worship service.

- Yes No

Comment:

I feel very connected and plugged in with St. James Missionary Baptist Church.

- Yes No

Comment:

Our leaders seem very engaged within ministry in our church.

- Yes No

Comment:

I understand the principles of tithing and financial contributions to my church home.

- Yes No

Do you know any of the ministry leaders at St. James Missionary Baptist Church?

- Yes No

If so, do you find it easy to talk to the ministry leaders about your feelings or concerns.

- Yes No

Comment:

What do you enjoy most about the worship service? Check all that apply.

- The Deacon's Devotion The Choir
 The Praise Team The Altar Prayer
 The Sermon Holla Service
 Children's Sermon Children's Church
 The Fine Arts Ministry presentations (i.e., praise dancers, mime, step team)
 All the Above

Do you feel the Invitation to Discipleship is conducted in a way that invites congregants to accept Christ, join St. James or come for prayer?

- Yes No

Have you gone to the altar for prayer with a Care Disciple?

- Yes No

If so, how was your experience? Describe or enter N/A

How would you like for the Care Disciple Ministry to follow-up with you? Check all that apply

- Phone/Text Email
 In-Person

Do you have any suggestions for the Care Disciple Ministry on how to better serve the people?

Do you feel there are programs or ministries that fit your age range or your marital status?

- Yes No

What, if anything, would you change about attending service at St. James?

How often do you Livestream St. James services via the Internet?

- Once a month Twice a month
 Weekly Occasionally
 Never

Which service do you watch on Livestream? (Select all that apply)

- Sunday Morning Worship @ 10am Wednesday Bible Study @ 7pm
 Special Services Only None

If applicable, do you prefer Livestream over physically attending Church Service?

- Yes No na

I feel St. James Missionary Baptist Church would miss me if I were gone.

- Yes No Maybe

Would you recommend St. James Missionary Baptist Church to a friend or family member?

- Yes No

Additional Comments or Suggestions:

Thank you for taking time to provide your feedback. Your input is valued.

(Optional) For entry to the Gift Card Giveaway

Name:

Email:

Phone #: