

VUMC Youth Ministry Survey

We are working on developing a Youth Ministry program just for you! Since we are a bunch of adults, we'd really like to hear from you, the youth, about what you would like our Youth Ministry to be. We are looking for a wide variety of ideas to appeal to everyone. There is no commitment to "BE HERE EVERY WEEK!" or anything like that. We want to get to know you and hear your ideas and opinions. Please take a few moments to complete this survey. We'll look at the survey results and plan events and activities based on what you have told us. Thanks for helping us get started!

CIRCLE ONE: Male Female

NAME: _____ BIRTHDAY: ____/____/____

ADDRESS: _____ CITY: _____

SCHOOL: _____ LUNCH HOUR: _____ LUNCH W/HANK? YES NO!

CELL: (_____) _____ - _____ eMAIL: _____

SOCIAL MEDIA (CIRCLE WHAT YOU HAVE/USE)

Facebook

Twitter

Snapchat

Instagram

Tumblr

WhatsApp

YouTube

Reddit

Quora

COMMUNITY BUILDING ACTIVITIES

(Check those that interest you)

<input type="checkbox"/>	Movie Night	<input type="checkbox"/>	Water Skiing/Tubing
<input type="checkbox"/>	Hiking	<input type="checkbox"/>	Snow Skiing/Snowboarding
<input type="checkbox"/>	Video Game Tournament	<input type="checkbox"/>	Dodgeball
<input type="checkbox"/>	Overnight Lock-in	<input type="checkbox"/>	Kickball
<input type="checkbox"/>	Outdoor games/Scavenger Hunt	<input type="checkbox"/>	Ice Skating
<input type="checkbox"/>	Bowling	<input type="checkbox"/>	Mini Golf/Arcade
<input type="checkbox"/>	Picnic/BBQ	<input type="checkbox"/>	Canoeing/Kayaking
<input type="checkbox"/>	Make Your Own Pizza Night	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Karaoke Night	<input type="checkbox"/>	_____

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DISCUSSION TOPICS (Check those that interest you)	
<input type="checkbox"/>	Making & Keeping Friends
<input type="checkbox"/>	Death, Loss, Grieving
<input type="checkbox"/>	Dealing With Disappointments
<input type="checkbox"/>	Handling Stress & Worry
<input type="checkbox"/>	Decision Making
<input type="checkbox"/>	Drugs & Alcohol
<input type="checkbox"/>	Why Go To Church?
<input type="checkbox"/>	Understanding Parents
<input type="checkbox"/>	Being A Leader
<input type="checkbox"/>	How to Help/Serve Others
<input type="checkbox"/>	Prayer
<input type="checkbox"/>	Dating
<input type="checkbox"/>	Time Managment
<input type="checkbox"/>	Healthy Relationships
<input type="checkbox"/>	How Do I Share My Faith?
<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Dealing with Doubt/Faith Questions?
<input type="checkbox"/>	_____

SERVICE PROJECTS (Check those that interest you)	
<input type="checkbox"/>	Homeless
<input type="checkbox"/>	Environment
<input type="checkbox"/>	Hungry
<input type="checkbox"/>	Work with Mentally Disabled
<input type="checkbox"/>	Elderly
<input type="checkbox"/>	Clean-up/out within church
<input type="checkbox"/>	Children
<input type="checkbox"/>	Clean-up/out outside church
<input type="checkbox"/>	Hospital Patients
<input type="checkbox"/>	Street Corner Evangelism
<input type="checkbox"/>	Prayer
<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Women/Children's Shelter
<input type="checkbox"/>	_____

What activitiy, or discussion, you are interested in would you most likely invite a friend?

What evening would be the best to attend an event? (Circle one):

Sun Mon Tues Wed Thurs Fri Sat

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<i>Put a mark in the column that best describes your situation.</i>		Yes	Maybe	No
1	I take time for personal Bible reading at least three times a week.			
2	I am growing in my relationship with the Lord			
3	I understand and am living the Spirit-filled life			
4	I have come to the place in my spiritual life where if I were to die today, I know for certain I would have eternal life.			
5	I am a part of a group that meets outside church at least once a month for sharing, prayer, or Bible study			
6	I feel loved and accepted in our ministry			
7	I feel good enough about our ministry to recommend it to my friends			
8	I am using my gifts and abilities in ministry			
9	I feel loved and accepted by my family			
10	I get along OK with my parents			
11	I am growing in my ability to get along with my brothers and sisters			
12	I am praying by name for specific friends I know who need Jesus Christ			
13	I have tried to share Jesus Christ with them			
14	I have been trying to bring my friends to youth group activities			
15	My friends know I am a Christian			
16	How many people do you know by name in our youth ministry?	1-5	5-10	10-15
17	How many times have you attended our ministry?	1	2-10	Lost count

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What is the last book you read?

What is the last movie you saw?

Favorite movies/T.V. Shows? Favorite music? Favorite books? Favorite foods/drinks?

What is one exciting thing you did this week? What was great about it?

Who are your role models?

Is there one person in the church you look up to (Not Hank)? Who is it? Why?

How often can you attend a youth event? (Circle one):

Weekly **2 times per month** **Once per month** **Every 2-3 months** **2-3 times per year**

Where and with whom do you normally attend Sunday church services?

About how often do you attend church services? (Circle one):

Weekly **2 times per month** **Once per month** **Every 2-3 months** **2-3 times per year**

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What activities do you consider part of being a good Christian / what do you do to live your faith?

How do you usually communicate with your friends? (Circle all that apply):

Face to face Online i.e. Snapchat Phonecalls Texting I don't

What are your favorite thing to do with friends?

Where do you most like to spend your free time?

What are some of your talents/strengths?

What do you find difficult?

At what local event do you remember having the most fun?

Do you need Community Service hours for school? Yes No

Would you be interested in fulfilling your hours at VUMC? Yes No

How can we pray for you?
