

Commissioned Believers Deaf Ministry

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Church Deaf Ministry Evaluation Survey

Church Information			
Church Name:		Pastor's Name:	
Address:		Number of Members:	
City, State, Zip:		Number of Full Time Staff:	
Phone Number:		Number of Part Time Staff:	
Person filling out this survey:		Number of Members in support of beginning a	

Community Information	
Population of your City:	
Population of your County:	
Name of nearest large City:	
Population of nearest large City:	
List the local 2 and 4 year colleges:	
Do they offer Sign Language Classes?	
How many Churches in your area have a Deaf Ministry?	
How large are their ministries?	
What type of services for the Deaf are offered in your area?	

Member Commitment Information	
How many people in your Church know Deaf people or have family members who are deaf but don't attend a Christian Church?	
How many Deaf and Hard of Hearing attend your Church at this time?	
How many of these have biblical training	
How many of these want to actively participate in Deaf Ministry?	
How many members want to actively participate in Deaf Ministry?	
How many interested members know how to Sign?	
How many of these Signers have biblical training	
How many interested members know how to Interpret?	
How many of these Interpreters have biblical training?	
How many interested members are qualified to teach Sign Language classes?	

We are very curious about the results of your survey! Would you consider sending a copy to:

**Kathryn Montoya
 CB Deaf Ministry
 PO Box 413
 Eagle, ID 83616**

It would be a real encouragement to us and we hope you are able to use this as a help in establishing a Deaf Ministry in your Church!