

## Committee Application for Church Revitalization

*Applicants are considered based on their association with and adherence to BMA doctrine.*

### PERSONAL INFORMATION

NAME OF CHURCH		PASTOR'S NAME	
FULL NAME		AGE	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS	CITY	STATE	ZIPCODE
PHONE (HOME)	PHONE (MOBILE)	EMAIL ADDRESS	
When is the best time to reach you? <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon		May we text you? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### CURRENT CHURCH STATICAL INFORMATION

	Average Per Week	Highest Average Per Year	Highest Average Per Past 5 Years
Sunday Morning Attendance			
Sunday School/Small group Attendance			
Sunday PM Attendance			
Wednesday PM Attendance			
Number of Visitors			
Number of Baptisms			
Outreach/Evangelism Opportunities			
Offerings			

### QUESTIONNAIRE

- Are you willing to commit to the REVITALIZE Process that may take upwards to 2 years?  Yes  No
- What breakdown of our REVITALIZE Ministry are you applying for?  Restoration  Revitalization  Replanting  
 Level 1: Restoration- A process where teaching, training, and coaching is available for the pastor and church  
 Level 2: Revitalization- A process which incorporates all of the level 1 processes with an added financial commitment from the Missions' office.  
 Level 3: Replanting- A process in which a church is returned to missions status and is replanted.
- Would you be willing for a revitalization coach to visit with your church?  Yes  No
- Are you willing to make adjustments that will be suggested by the revitalization coach/team?  Yes  No
- Would you be willing to serve/represent your church as a revitalization committee member by helping to lead your church through the revitalization process?  Yes  No

**QUESTIONNAIRE (Cont.)**

6. Are there any families/individuals in your church that could resist or limit revitalization efforts?  Yes  No

- If so, is your church "dependent" on these families/individuals?  Yes  No
- Why do you think that they are resistant or would be resistant to revitalization?

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- Do you think their thinking could be changed if you pursue this revitalization process?  Yes  No

7. List the ministries you are a part of and explain in what ways you serve your church.

8. Define, in your own words, what you believe the purpose of the church to be.

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- Do you believe that your church is accomplishing that purpose?  Yes  No
- If no, please indicate when you believe your church met this purpose in the past.

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9. Describe, in your own thoughts, what revitalization is and what it would look like for your church to experience it.

10. Summarize why you believe that your church needs revitalization.

**QUESTIONNAIRE (Cont.)**

11. List what you believe to be 5 causing factors of your church's decline.

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_
- E. \_\_\_\_\_

12. List what you believe to be are 5 (or fewer) areas that are going well in your church.

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_
- E. \_\_\_\_\_

13. What other information, if any, do you believe would be vital for the Missions' Revitalization Team to be aware of that was not addressed in this questionnaire?

*I certify that the information contained in this application is accurate and correct. I understand that any omission or erroneous information may be grounds for dismissal.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE