

## Pastoral Application for Church Revitalization

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

### PERSONAL INFORMATION

PASTOR'S FULL NAME			DATE OF APPLICATION	
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	
NAME OF CHURCH			CITY	

### CURRENT CHURCH STATICAL INFORMATION

	Average Per Week	Highest Average Per Year	Highest Average for the 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 form a revitalization committee to lead the church through this 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. 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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8. Describe, in your own thoughts, what revitalization is and what it would look like for your church to experience it.

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

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

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

**QUESTIONNAIRE (Cont.)**

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

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

12. 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