

LOCAL CHURCH PROFILE
Eastern Ontario District
The Pentecostal Assemblies of Canada

District Rep: _____
Meetings Date: _____
No of Participants: _____

1. Name of Church _____

2. Mailing Address _____

City _____ Code: _____ Phone: () _____ Fax: () _____

Email _____

3. **Position Available:** _____
 (Senior Pastor, A.P., Youth Min., etc)

4. **Chairperson of the Pastoral Search Committee** *(usually Interim Pastor)*

First Name _____ Last Name: _____

Address: _____

City _____ Province _____ Postal Code: _____

Phone Numbers: (Bus) _____ (Home) _____ (Cell) _____

Email address: _____

Facilitator of the Pastoral Search Committee *(usually a member of the board)*

First Name _____ Last Name: _____

Address: _____

City _____ Province _____ Postal Code: _____

Phone Numbers: (Bus) _____ (Home) _____ (Cell) _____

Email address: _____

5. **Church Growth Statistics (including children)**

	10 Years Ago	5 Years Ago	This Year
A.M. Service	_____	_____	_____
P.M. Service	_____	_____	_____

6. Church Attendee Statistics

Membership: 5 years ago: _____ Today: _____

Adherents: 5 years ago: _____ Today: _____

Age Profile: % under 20: ____ % 20-34: ____ % 35-49: ____ % 50-64: ____ % 65 & Above ____

7. Budget:

	5 years ago:	This Year:
Total Budget (all areas)	\$ _____	\$ _____
Missions	\$ _____	\$ _____

Average yearly contribution per active adult member/adherent:

Total Giving: _____ divided by average attendance _____ = \$ _____

Does the Church tithe of its General Fund to the District? Yes No

What percentage of your church's missions giving is directed through the PAOC? % _____

8. Service Schedule

Service Times

Sunday School	_____	
Sunday A.M.	_____	_____
Sunday P.M.	_____	
Mid-Week	_____	
Intercessory Prayer (Thursday)	_____	
Women's Ministries	_____	

9. Children's Programs/ Organization (ages 3-11)

Sunday School	Average Attendance ____
Kid's Church	Average Attendance ____
Children's Choir	Average Attendance ____
Vacation Bible School	Average Attendance ____
Midweek _____	Average Attendance ____
Other _____	Average Attendance ____
Other _____	Average Attendance ____

10. Youth Programs/ Organizations (ages 13-21)

Junior High	Average Attendance _____
Senior High	Average Attendance _____
Joint Service (All ages together)	Average Attendance _____
Young Adult	Average Attendance _____
Other _____	Average Attendance _____

11. Adult Groups/ Organizations (age 22 or older)

Name	Frequency of Meeting	Average Attendance
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Name	Frequency of Meeting	Attendance
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Name	Frequency of Meeting	Attendance
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12. Does your church have cell groups? _____ If "yes", how many? _____

13. Community Outreach – In what ways has your church reached out in evangelism to your community in the last two years?

14. Cooperative Outreach – In what ways has your church co-operated with other churches in your community during the past year?

15. Facilities

Are your buildings adequate for your present progress? Yes No
Do you plan any major capital expenditure during the next five years? Yes No

If yes, please explain briefly.

Is there mortgage indebtedness? _____ Current Amount left on mortgage \$_____

At the current rate of repayment when would this mortgage be paid off? _____

Does your church currently own a parsonage? _____ Number of bedrooms _____

Current Market Value \$_____.

Current Market Rental Value (monthly) \$_____.

Is there any mortgage indebtedness on parsonage \$_____.

Value of other properties owned by the church \$_____.

Total Market Value of Current Properties \$_____

Please list any other debts on Church Accounts (including credit card and line of credit etc)

_____ Amount Remaining _____ Monthly Payment \$_____

_____ Amount Remaining _____ Monthly Payment \$_____

16. Financial Assistance

Do you receive financial assistance from the District? Yes No

If yes, what level of monthly subsidy do you receive? \$ _____

17. Senior Pastor's Office – In Church In Pastor's Home Other

18. Staff – List all paid pastoral staff (and other) in addition to the Senior Pastor:

Name_____ Portfolio _____ Full-time Part-time Hrs.____

Name_____ Portfolio _____ Full-time Part-time Hrs.____

Name_____ Portfolio _____ Full-time Part-time Hrs.____

Name_____ Portfolio _____ Full-time Part-time Hrs.____

19. Board Membership

List Names and Occupations of present Board Members

Name

20. Type of community served (please check the most appropriate box)

- Rural, under 2,500
- Town, 2,500 – 9,999
- Small City, 10,000 – 49,000
- Large City, 50,000 - 250,000
- Metropolitan Inner City, 250,000 +
- Metropolitan – Urban, 250,000 +

21. People Profile: The make-up of the congregation. Check up to 3 categories

- ___ industrial workers (factories etc)
- ___ business people
- ___ farmers
- ___ students
- ___ professionals (Doctors, lawyers, teachers etc)
- ___ retired

22. In your opinion, the demographic of the people in your congregation is:

- About the average for our community
- Somewhat below the rest of the community
- Somewhat higher than the rest of the community

23. List three Strengths of this Congregation

24. Describe any issues facing the Congregation at this time

25. Please rate your church according to the following church health statements

The ministry of the church's leadership is focused on equipping other Christians to serve

Untrue 1 2 3 4 5 True

The ministry tasks of the church are distributed according to the spiritual gifts and abilities of the congregants.

Untrue 1 2 3 4 5 True

The spiritual life of the members is characterized by prayer, enthusiasm and boldness:

Untrue 1 2 3 4 5 True

The policies and programmatic structures of the church are designed to encourage progress of the church in reaching the community.

Untrue 1 2 3 4 5 True

People leaving the worship service feel they have been inspired.

Untrue 1 2 3 4 5 True

The congregants belong to a small group of believers who minister to each other by meeting the real needs of the members in a holistic way.

Untrue 1 2 3 4 5 True

The evangelism efforts of the church are targeted to meet the needs of those you are trying to reach.

Untrue 1 2 3 4 5 True

The inter-relationships of the congregants are characterized by a high degree of love and care.

Untrue 1 2 3 4 5 True

On a scale of 1 to 5 please rate the health of your church at this time

Unhealthy 1 2 3 4 5 Unhealthy

26. Choose six of the following areas of pastoral emphasis that you consider being of highest priority for the incoming pastor

- | | |
|---|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Worship |
| <input type="checkbox"/> Visitation | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Children's Work | <input type="checkbox"/> Personal Evangelism |
| <input type="checkbox"/> Youth Ministry | <input type="checkbox"/> Small Groups |
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Ministry to Families |
| <input type="checkbox"/> Preaching | <input type="checkbox"/> Missions Promotion |
| <input type="checkbox"/> Community Action | <input type="checkbox"/> Discipleship |

27. Describe the #1 matter that the pastor will have to deal with upon arrival

28. Record of last the three Pastors

Name	Years of Service
_____	_____
_____	_____
_____	_____

29. In any given week, how many hours do you think your pastor should devote to study, prayer and meditation in preparation for the services of the church (not including personal devotional time)?

1-5 _____ 6-10 _____ 11-15 _____ 16-20 _____ over 20 _____

30. Age preferences for pastor (check as many as you wish to consider).

Under 30 _____ 31-40 _____ 41-50 _____ 51-60 _____ 60 plus _____

31. Please list any specialized training (education other than Bible College) or abilities/experience required in your incoming pastor (describe briefly).

32. When do you hope a new pastor will be in place? Date: _____

FINANCIAL INFORMATION WORKSHEET
Senior Pastor Remuneration Package

	This year	Next Year
Basic Compensation		
Salary	\$ _____	\$ _____
Housing	_____	
Utilities	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>		
Phone	\$ _____	\$ _____
Heat	\$ _____	\$ _____
Electricity	\$ _____	\$ _____
Water	\$ _____	\$ _____

Benefits

Pension	\$ _____	\$ _____
Life Insurance	\$ _____	\$ _____
Extended Health & Dental	\$ _____	\$ _____
Other _____	\$ _____	\$ _____

Ministry Related Expense

Car Allowance (per Klm or fixed amount)	\$ _____	\$ _____
Book/Periodical Allowance	\$ _____	\$ _____
Continuing Education	\$ _____	\$ _____
Hospitality	\$ _____	\$ _____
Memberships	\$ _____	\$ _____

Total Remuneration	\$ _____	\$ _____
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Other

Customary Christmas Love Offering	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Housing Loan Availability	Yes <input type="checkbox"/> No <input type="checkbox"/>	Amount \$ _____