

St. John the Evangelist RC Church

Parish Gifts & Talents Survey

“Many parts, one Body” (1 Corinthians 12:12)

Your gifts are a blessing to our parish. Please help us know how God may be calling you to serve.

Contact Information Name: _____

Age Group: Teen (13–17) Young Adult (18–30) Adult (31–59) Senior (60+)

Email / Phone: _____ **Preferred Contact:** Email Phone Text

1. Sense of Belonging: *Please check what best describes your experience.*

- I feel very connected to this parish
- I feel somewhat connected
- I attend Mass but don't feel well connected
- I am new to the parish

2. Fellowship Activities That Interest Me: *Please check all that apply.*

- Coffee & donuts / social hours
- Parish dinners / potlucks
- Small faith-sharing groups
- Men's fellowship
- Women's fellowship
- Young adult gatherings
- Senior socials
- Family events
- Cultural or ethnic celebrations
- Service projects with others

3. Gifts & Strengths (*Check all that apply*)

<input type="checkbox"/> Prayer / Intercession	<input type="checkbox"/> Hospitality / Welcoming
<input type="checkbox"/> Teaching / Mentoring	<input type="checkbox"/> Leadership / Organizing
<input type="checkbox"/> Encouragement / Listening	<input type="checkbox"/> Service / Helping Hands
<input type="checkbox"/> Music / Liturgy	<input type="checkbox"/> Creativity / Art / Writing
<input type="checkbox"/> Technology / Media	<input type="checkbox"/> Mercy / Care for those in need

4. Skills & Experience (*Check all that apply*)

<input type="checkbox"/> Music / Singing / Instrument	<input type="checkbox"/> Public Speaking / Reading
<input type="checkbox"/> Administration / Office	<input type="checkbox"/> Event Planning
<input type="checkbox"/> Finance / Accounting	<input type="checkbox"/> Cooking / Baking
<input type="checkbox"/> Maintenance / Construction	<input type="checkbox"/> Healthcare / Caregiving
<input type="checkbox"/> Technology / Audio-Visual / Social Media	<input type="checkbox"/> Teaching / Mentoring
<input type="checkbox"/> Art / Design / Crafts	<input type="checkbox"/> Other: _____

5. Ministry Interests: (*I'd like to learn more about...*)

- Liturgy (Lector, Music, Altar Server, Eucharistic Minister)
- Faith Formation (Children, Youth, Adults, RCIA/OCIA, Vacation Bible School)
- Service & Outreach (Food Pantry, Sick/Homebound, Missions)
- Hospitality & Parish Life (Greeters, Events, Office Help)
- Leadership / Committees

6. Discernment

1. **What brings you joy when serving others?**

2. **Have you served in any ministries before?**

3. **Is there a ministry or service or activity you feel God may be calling you to try?**

4. **Is there anything else you'd like us to know?**

Optional: Our family would like to serve together. I am open to trying a ministry before committing.

*Lord, thank You for the gifts You have given me.
Show me how to use them in love and service
for Your Church and Your people. Amen.*