



CHURCH Registration Form

Contact Details (These fields are required)

NOTE: If you experience any errors or problems completing this survey, please contact us at 912-530-8078 to report the error.

Contact Details

First Name:

Last Name:

Org/Church Name:

Email:

Telephone:

About Your Church

1. Pastor's Name

2. Church Address

3. Church City

4. Church State

5. Church Zip

6. Church Telephone

7. Church Fax

8. Church Email

9. Church Website

Registration Questions - Part I

1. Church size by worship:

1-50
51-75
76-100
101-150
151-200
Other

2. Organization Type/Other

If 'Other' for question 1, please specify

3. To which religious denomination does your church belong?

If 'Other', please specify

Baptist
Presbyterian
Episcopal
Apostolic Holiness
Catholic
Church of God
Methodist
Other

4 Church Denomination/Other

If 'Other' to question 3, please specify

5. How many small groups does your church currently have?**6. Is this your first time participating in a HIV/AIDS activity?**

No
Yes

7. For how many years have you participated?

If "No" for question 6, please answer this question.

8. How did you hear about the CARE, Inc.?

If "Other", please specify

Radio
Mailing
Conference/Workshop
Print (e.g. newspaper)
Internet
Television
Word of mouth
Other

9. Heard About CARE, Inc/Other

If "Other" in question 8, please specify how you heard about CARE, Inc?

10. How many activities will your church be involved in?**11. Will your church have a special HIV/AIDS worship service?**

No
Yes

12. Please provide examples of other education/program events that you plan to host:

13. How can CARE, Inc. assist your church in planning and coordinating activities?

Part II

1. Does your church currently have an organized HIV/AIDS ministry?

If "No" Go to Question 5

If "Yes" Go to Question 2

No

Yes

2. If "YES" → What kind of programming does your AIDS ministry offer?

(Select all that apply)

If "Other", please specify

Outreach

Prevention Education/Workshops

HIV Testing

Referrals

Counseling

Case Management

Support Groups

Other

3. Programming/Other

If "Other" to question 2, please specify

4. When did the first ministry begin?

(month/year)

5. If "NO" → What prevents this?

6. Other than an organized HIV/AIDS ministry, does your church currently have any ad hoc program or activity that addresses HIV/AIDS?

(e.g. - support group, educational workshops, testing, etc.)

No

Yes

7. Programs or Activities/Other

If "Yes" to question 6, please describe your program or activity.

8. Is your church currently involved in conducting HIV testing?

No

Yes

9. Does your church refer individuals to other organizations providing health or support services?

(e.g. medical care, counseling, housing, etc?)

No

Yes

10. Is your church interested in receiving technical assistance from CARE, Inc. to establish an AIDS ministry or HIV/AIDS programming or to sustain an on-going activity or program?

No

Yes