**Youth Ministry Survey**

Hi! Over the past five years, our parish has been working on developing a Youth Ministry program just for you. As we continue to grow our programs, we’d really like to hear from you, the teens of our parish, about how you’d like to get involved and about what you would like your Youth Ministry program to be. We are looking for a wide variety of help and ideas that appeal to everyone. There is no commitment to “join the youth group” or anything like that. We just want to get to know you and hear your ideas and opinions and will only contact you, should you like to be more involved. Please take a few moments to complete this survey, and then we’ll look at the survey results and plan events and activities based on what you have told us. Thank you for helping us!

Circle One: Male Female

Name & Home Phone (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Community Building Activities: Check those that interest you:**

☐Movie Night
☐Hiking
☐Video Game Tournament
☐Overnight Lock-In
☐Outdoor Games
☐Bowling
☐Picnic/Cookout
☐Pizza/Ice Cream Social
☐Open Mic Night
☐Team Scavenger Hunt
☐Skiing
☐Dodgeball
☐ Kickball
☐ Ice Skating
☐ Snow Tubing
☐ Mini Golf
☐ Baseball Game
☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_

**Topics: Check those that interest you:**

☐Making & Keeping Friends
☐Dealing with Disappointments
☐Making Good Decisions
☐Being a Leader
☐Why Go to Mass?
☐Time Management
☐Praying
☐Death, Loss, Grieving
☐Handling Stress & Worry
☐Drugs/Alcohol Abuse
☐Hunger & Homelessness
☐Understanding My Parents
☐Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Service Projects: Check those that interest you:**

☐Homelessness
☐Hunger
☐Elderly
☐Children
☐Hospital Patients
☐Environment
☐Veterans
☐Animals
☐Working with mentally challenged children or adults
☐Cleaning out/up something at one of our churches
☐Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

If there were an activity that interested you, would you invite a friend?

What evening would be the best to attend an event? (Check one):

☐Sunday ☐Monday ☐Tuesday ☐Wednesday ☐Thursday ☐Friday ☐Saturday

What is the last book you read?

What is the last movie you saw?

Who are your role models?

How often can you attend a youth event? (Check one):
☐Once per week ☐Once every other week ☐Once per month

With whom do you normally attend Mass?

About how often do you attend Mass? (Check one):
☐Once a week ☐Once a month ☐Once/twice a year

What activities do you consider part of being a good Catholic / what do you do to live your faith?

How do you usually communicate with your friends? (Check all that apply):
☐In person ☐Online ☐Talk on Phone ☐ Texting ☐ Facebook ☐Other:\_\_\_\_\_\_\_\_­­­­­­\_\_\_\_\_\_\_\_

What is your favorite thing to do with your friends?

Where do you most like to spend your free time?

What are some of your talents/strengths?

At what local event do you remember having the most fun?

How many hours of service do you need for school?

Would you be interested in fulfilling your service requirement at our parish? ☐Yes ☐No

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Would you be willing to come to a brainstorming session? \*\*\* ☐Yes ☐No

☐**Yes!** I would be interested in helping plan, lead or assist with activities in the following areas when I’m able (Check all that apply): \*\*\*

☐Discussion Topics ☐Community Building ☐Service Projects ☐Prayer/Worship Experiences

☐**Yes! I** would be interested in being part of a Youth Ministry Leadership Team! \*\*\*

**\*\*\*If you said yes to any of the last three questions, please complete the following information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOME CELL TEXTING? YES☐ NO☐

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOME CELL TEXTING? YES☐ NO☐

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate the best way to contact you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_