



WORSHIP CENTER

First Time Visitor Survey

Name: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Date of Your Visit to Beach Family: _____

1. Age Range of Adults living in your home:

- 18-28
- 28-38
- 38-48
- 58+

2. Married or Single: (With or Without Children)

- Married with No Children
- Single with No Children
- Married with Children
- Single with Children
- Other _____

3. Church Experience:

- Lots of Experience
- Only on Holidays
- Never Been to Church
- Been Hurt in Church
- Looking for a New Church
- Other _____

4. Please evaluate your personal experience at Beach Family Worship Center:

| | Very Unsatisfied | Unsatisfied | Neutral | Satisfied | Very Satisfied | N/A |
|--------------------|-------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Music | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Message | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Environment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Friendliness | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Children's Classes | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Signage Inside | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Signage Outside | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Overall Experience | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

5. Were you greeted at the front door?

- Yes
- No
- N/A

6. Did you feel welcomed upon entering the sanctuary?

- Yes
- No
- N/A

7. If you had children with you, were you told about our Nursery and Children's Church?

- Yes
- No
- N/A

8. Were the Nursery and Children’s Church workers friendly and helpful?

- Yes
- No
- N/A

9. How did you hear about Beach Family Worship Center?

- Friend
- Relative
- Other (Word of Mouth)
- Signage
- Advertisement
- Social Media

10. Would you come back to Beach Family Worship Center?

- Yes
- No
- Still thinking about it

11. I would recommend Beach Family Worship Center to my family and friends:

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree
- N/A

12. Is there anything you would like our church to pray about?

13. Comments: (Please share your comments here – they are greatly appreciated!)
