RELIGIOUS NEEDS ASSESSMENT

The following information is collected to deliver a Command Religious Program that meets the specific religious needs of this command throughout the operational cycle. The command is required to offer this survey to each member. Your voluntary participation is important to assist in meeting your religious needs. Thank you for your cooperation.

I prefer not to disclose any information.					
1. My Faith Group(s) (If yours is not listed, check of	other and write in Faith G	roupname):			
☐ Advent Christian Church	☐ Church of Christ		☐ Lutheran	☐ Lutheran Churches, Other	
☐ Adventist, Seventh Day	☐ Church of Christ, Scientist		☐ Methodis	☐ Methodist, Free Ch of North America	
☐ Adventist, Other	☐ Church of God (Anderson, IN)		☐ Methodis	☐ Methodist, United	
☐ African Methodist Episcopal	☐ Church of God (Cleveland, TN)		☐ Methodis	☐ Methodist Churches, Other	
☐ African Methodist Episcopal Zion	☐ Church of God in Christ		☐ Native Am	☐ Native American	
☐ Anglican Catholic Church	☐ Church of God in Prophecy		□ New Age	☐ New Age Religions (specify in 'Other')	
☐ Assemblies of God	☐ Church of Jesus Christ of Latter-day Saints		□ Non-Deno	□ Non-Denominational Christian	
☐ Associated Gospel Churches	☐ Church of the Nazarene		☐ Orthodox	☐ Orthodox, Eastern	
☐ Baptist, American	□ Congregational Churches		☐ Orthodox	☐ Orthodox, Greek	
☐ Baptist, Free Will	Eastern Religions (specify in 'Other')		☐ Orthodox	☐ Orthodox, Other	
☐ Baptist, Fundamental	☐ Episcopal Church		□ Pentecost	☐ Pentecostal Church of God	
☐ Baptist, National	☐ Episcopal Churches, Other		□ Pentecost	☐ Pentecostal Holiness Church Int'l	
☐ Baptist, Southern	☐ Episcopal, Reformed		□ Pentecost	☐ Pentecostal Churches, Other	
☐ Baptist, Other	☐ Evangelical Covenant Church		□ Presbyter	☐ Presbyterian Church, Evangelical	
☐ Bible Protestant Church	 Evangelical Free Church in America 		□ Presbyter	 Presbyterian Church, Reformed 	
☐ Brethren Churches	□ Evangelical Churches, Other		☐ Presbyter	☐ Presbyterian Church, in America (PCA)	
☐ Buddhism	☐ Full Gospel		□ Presbyter	 Presbyterian Church, USA 	
☐ Catholic Church, Roman	☐ Hinduism		☐ Reformed	Reformed Church in America	
☐ Catholic Churches, Other	☐ Holiness Churches		United Ch	☐ United Church of Christ	
☐ Christian & Missionary Alliance	□ Islam		□ Wesleyan	☐ Wesleyan Church	
☐ Christian Church (Disciples of Christ)	☐ Jewish		□ Wicca	□ Wicca	
☐ Christian Church & Churches of Christ	 Lutheran, Evangelical Church in America 		☐ Other		
☐ Christian Methodist Episcopal Church	hurch Lutheran Church (Missouri Synod)		Declined t	☐ Declined to Respond	
2. Faith Group participation: On a scale of 0-10 how often do you participate in your Faith Group activities? 10 being I participate very frequently in my Faith Group activities, 0 being I do not participate in Faith Group activities. 3. With regard to a Faith Group, I am:		6. I am interested in representing my Faith Group as a Command Religious Lay Leader: [] Yes (please include contact information) [] No/NA 7. I have a previously approved religious accommodation waiver: [] Yes (state type of waiver in question 8) [] No/NA 8. Please write any questions or religious accommodation waivers/concerns you have. Previously approved religious accommodation waivers may need to be reviewed. A representative of the Command Religious Program will contact you. (please include contact information)			
Interested in increasing my involvement or grow Content with my spirituality or world view					
4. I would like to participate in (check all that apply): Faith-specific studies and/or discussion groups Trips to religious/historic sites Religious Community Service projects as an expression of my faith Classes/discussions about different religious traditions Musical accompaniment for services/events Other:					
5. I intend to participate in worship services/Fait	h Group activities				
while at this command: [] Yes [] No/NA	Email completed form to: Kimberlee.J.Sullivan@uscg.mil				
9. Contact Information: (This information is necess	sary for accountability pu	urposes and is manage	ed per SECNAVINST 5	211.5F)	
Name: (Last, First M.I.)		Dept./Div	vision/Directorate:	Date Checked In:	
E-mail:				Phone/J-Dial:	