



Congregational Christian Churches in Canada

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CHURCH QUESTIONNAIRE

- 2022 -

CHECKLIST

Before mailing, please ensure the following documents are included with your church questionnaire:

CURRENT BY-LAW AND /OR CONSTITUTION

(Only required if your church has updated these within the past year)

FINANCIAL STATEMENT FROM ANNUAL REPORT

INSURANCE POLICY: Please send only the page(s) that indicate the name and address of your insurance company and any pages outlining coverage for:

- **General Liability**
- **Counseling Malpractice**
- **Sexual Abuse (this is now mandatory)**
- **Board Members/Directors' Liability**

2022 ANNUAL CHURCH QUESTIONNAIRE

***** This Report is for Church Activity in the Year 2021 *****

Deadline for Return: Postmarked by February 28, 2022

Please read the following paragraphs carefully:

Every member church is responsible to submit the following materials annually by February 28th: A satisfactorily completed annual church questionnaire, a copy of their annual budget, current abuse/liability insurance coverage, and any other statutory requirements to the National Office. Continuance of membership is contingent upon fulfillment of the above requirements. – See Section 4.3(i) Bylaw 1.

Failure to fully complete and return this questionnaire (postmarked by February 28th) will result in follow-up action taken by the Credentials Committee and possible loss of membership – see Section 10.4(vii, ix) Bylaw 1.

If your Annual General Meeting is after February 28th, please forward this questionnaire with a current list of board members and other required documents as soon as possible.

Full Legal Name of Your Church: _____

Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____

Tel: _____ Fax: _____

Church E-mail address: _____

Church Website address: _____

Church Facebook Page: _____

Can your website be posted on the CCCC National website?

Worship Service Address (*if different from mailing address above*)

Address: _____

City: _____ Prov: _____ Postal Code: _____

1) **SENIOR PASTOR:**

Name: _____

Email address: _____

Mobile Phone: _____

2) **CHURCH STAFF: (all ministerial staff employed by the church must be listed here)**

Name: _____

Position: _____ Email address: _____

Mobile Phone: _____

Name: _____

Position: _____ Email address: _____

Mobile Phone: _____

Name: _____

Position: _____ Email address: _____

Mobile Phone: _____

3). Please include names, addresses, phone numbers and emails of *all* members of your current board. If you need more room, please use the back of this page:

CHAIR OF THE BOARD:

Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone: _____ Email: _____

TREASURER OF THE BOARD:

Name: _____
Address: _____
City: _____ Prov: _____ Postal Code: _____
Phone: _____ Email: _____

OTHER BOARD MEMBERS: If you need additional space please write on back of this page.

1. Name: _____
Address: _____
City: _____ Prov: _____ Postal Code: _____
Phone: _____ Email: _____

2. Name: _____
Address: _____
City: _____ Prov: _____ Postal Code: _____
Phone: _____ Email: _____

3. Name: _____
Address: _____
City: _____ Prov: _____ Postal Code: _____
Phone: _____ Email: _____

4. Name: _____
Address: _____
City: _____ Prov: _____ Postal Code: _____
Phone: _____ Email: _____

5. Name: _____
Address: _____
City: _____ Prov: _____ Postal Code: _____
Phone: _____ Email: _____

4.) As Chair of the Church Board, I state that the constitution and practice of this Congregation is consistent with the current Articles as set out in By-Law 1 and Policies therein as amended from time to time. Yes No

5.) Would you like you a copy of CCCC By-Law 1 mailed to your Church? Yes No
If yes, how many? _____ copies

6.) Does your church carry the following **mandatory** insurance coverages?
• General liability insurance? Yes No
• Pastoral counselling and sexual abuse insurance? Yes No
• Board Members/Directors' liability insurance? Yes No

Insurance is carried by _____

Please attach the page of your insurance coverage which states the name of your insurance company and your liability coverage details. See section 4.3(i) By-Law 1.

7.) Does your church have Long Term Disability Insurance for your pastor(s) Yes No

8.) Is your church incorporated with the province? Yes No

9.) Did your church send *delegates* to the 2021 National Conference? Yes No
See section 4.3(iv) of By-Law 1.

If you answered "No" to question 9), what year was your church last represented at a National Conference?

As it is your Church's responsibility to send delegates to the Annual Meetings of the CCCC, can you please indicate why you have not had delegates in attendance? _____

4. Did your pastor attend the online National Teleconference in 2021? Yes No
5. Are all the pastors who minister in your church credentialed with the CCCC?*** Yes No

If pastors are paid staff, they must hold credentials with the CCCC. ***

6. Do you understand the role of your National Board of Directors? Yes No
- If No, would you like a National Board member to contact you? Yes No

STATISTICAL INFORMATION

In order to prepare the Annual Conference Report, please provide the following:

PERCENTAGE ALLOCATION INFORMATION

In accordance with Section 4.3 (vi) of By-Law 1, member churches have the responsibility and privilege to share in the ministry costs of the National Church. The current annual percentage allocation determined by the CCCC membership is 5.0%.

Your 5.0% allocation for 2021 to the National Church is to be based on your total General Operating Income for 2021. Your 5% calculation should not be based on any monies designated for missions or capital funds. For example: If your total general operating revenue (minus missions and building fund) was \$75,000.00 for 2019, then your 5% allocation to the National Church's operating budget for 2021 would be \$3,750.00. Please indicate below what your church's 5% is for 2022 based on your general operating funds.

Your Church's Total General Operating Receipts for 2021:

\$ _____

x 5% =

Your Church's 5% Annual Allocation to the National Church for 2022 is:

\$ _____

We kindly request that you forward your allocation on a monthly basis as this helps the National Church to maintain its budget.

If your church supports the following 4Cs ministries, please indicate the amount given during 2021.

CCCC Home Missions:

- Spiritual Rock Congregational Christian Church, St. John’s, NL Rev. Zita MacCallum \$ _____

CCCC Conference-Approved Foreign Missions and Missionaries:

- Nazarene Mission, Sri Lanka
Pastor Abraham Emmanuel \$ _____
- Frontier Laborers for Christ
Beverly Kalnin \$ _____

Total Contributions to 4Cs World Missions & Home Missions: \$ _____

If your church supports other Missions/Organizations, please indicate the amount given during 2021.

Non-4C’s Missionaries/Mission Agencies/Organizations:

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Contributions to Non-4C’s Missions: \$ _____

Are you planning a short-term mission trip? If yes, where are you planning to go?

Would you be willing to encourage other CCCC churches to join you? _____

CHURCH STATISTICS

Average Sunday Worship Attendance:

- Adults (ages 19+) _____
 - Youth (ages 13-18) _____
 - Children (ages 0-12) _____
- Total Avg. Attendance:** _____

Midweek Activities or House Groups: Adults _____ Youth _____ Children _____

Commitments to Christ: Adults _____ Youth _____ Children _____

Baptisms: Adults _____ Youth _____ Children _____

Baby/Child Dedications: _____

Does your church have a formal membership process, (i.e. membership classes, profession of faith, public acceptance before the congregation): Yes No

If you answered no, you are strongly encouraged to have a formal membership process.

NATIONAL PASTOR VISITS

1. **As your National Pastor co-ordinates his visits and speaking schedule for the upcoming year, please indicate any dates or special occasions that you would like for him to conduct workshops or to speak at your church. Are there specific areas of need in your life and/or in your church that the National Pastor could help you address (i.e. Making Disciples, Growing Healthy Churches, Evangelism, Vision Planning, Core Values, Salary discussion for your pastor, Special Workshops, Conflict Resolution Training for your church, Local Church Board Training,**

Have you enclosed a current copy of your church's?

- | | | |
|--|-----|----|
| • By-Laws and/or Constitution (only if these have been updated during the past year) | Yes | No |
| • Annual Report: financial page only
*If this information has not been included please provide reason and expected date of submission | Yes | No |
| • Insurance: Only include those pages which show Coverage for: | Yes | No |
| ○ Sexual or Physical Abuse | | |
| ○ Counseling Malpractice | | |
| ○ General Liability for Directors/Board Members | | |

The Senior Pastor AND the Board Chair MUST sign this report in order for it to be acceptable.

1. Senior Pastor's Signature: _____

Name (Please Print): _____

Date: _____

2. Chair of Board's Signature: _____

Name (Please Print): _____

Date: _____