



**Real Life Ministries** *Volunteer Central*  
Volunteer Self-Assessment

Looking for a place to serve at Real Life but unsure where to plug in?

We'd love to help you find just the right spot on our team to play. If you'll complete this short self-assessment, this will help us better determine what serving opportunities might best fit your interests, experience, and giftedness.

If you have any questions, please contact Bobbi Putman at 208-777-7325 or e-mail [bobbi@reallifeministries.com](mailto:bobbi@reallifeministries.com). Feel free to bring the assessment back to the Next Steps area at Real Life Ministries or mail it to us at 1866 N. Cecil Road, Post Falls, ID 83854.

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

Street or Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: (    ) \_\_\_\_\_ Cell phone: (    ) \_\_\_\_\_

E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Married: \_\_\_Yes \_\_\_No Spouse's Name: \_\_\_\_\_

If married, would you like to serve in ministry together? \_\_\_Yes \_\_\_No \_\_\_Maybe

How long have you been a Christian? \_\_\_<1yr \_\_\_1-3yrs \_\_\_4-5yrs \_\_\_6-10yrs \_\_\_10+yrs

How long have you attended RLM? \_\_\_<1yr \_\_\_1-3yrs \_\_\_4-5yrs \_\_\_6-10yrs \_\_\_6+yrs

Have you completed: \_\_\_ 101 Membership (signed covenant/baptized by immersion) \_\_\_201

Are you in a discipleship focused small group? \_\_\_Yes \_\_\_No

If yes, what groups are you currently involved in? \_\_\_\_\_

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Are you currently serving in a ministry here at RLM? \_\_\_Yes \_\_\_No

If yes, where do you currently serve? \_\_\_\_\_

\_\_\_\_\_

How have you served as a volunteer in the past? (church or elsewhere) \_\_\_\_\_

\_\_\_\_\_

Of those serving opportunities, which did you enjoy the most and why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you feel God is directing you to a specific ministry or type of service? \_\_\_Yes \_\_\_No  
If so, where: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What life experiences (good or bad) have you had that might help you minister to others? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What general types of work/jobs have you done in the past? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Of the above work/jobs, which were the most rewarding and why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Education: High School, Some College, Associates Degree, Bachelors, Masters, Doctorate,  
Other: \_\_\_\_\_

What hobbies do you enjoy? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are some of your skills? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are you passionate about? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you more outgoing or introverted? \_\_\_\_\_

Where do you fit on the scale below?

Keep to myself -----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|----- People person

Do you like working on your own or with others? \_\_\_on my own \_\_\_with others

Will you be comfortable facilitating a small group of some kind? \_\_\_Yes \_\_\_No

Are you more relational or task oriented? \_\_\_Relational \_\_\_Task Oriented

When working in a group, do you like to lead or follow? \_\_\_Lead \_\_\_Follow

Do you work well with being given general instructions rather than details? \_\_\_Yes \_\_\_No

Are you comfortable with public speaking? \_\_\_Yes \_\_\_No Other: \_\_\_\_\_

Would you be willing to make phone calls? \_\_\_Yes \_\_\_No Other: \_\_\_\_\_

Are you willing to work outside? \_\_\_Yes \_\_\_No Other: \_\_\_\_\_

Would you like to work with children? \_\_\_Yes \_\_\_No

*\*Note: Must complete and pass a background check and interview process.*

If yes, what age group(s): \_\_\_Infant \_\_\_Toddler \_\_\_3-5 years \_\_\_K-5<sup>th</sup> grade \_\_\_Special needs

Would you like to work with youth?  Yes  No

*\*Note: Must complete and pass a background check and interview process.*

If yes, which age group(s):  Middle School  High School  College  Recovery (mixed ages)

Do you have any physical or other issues that would limit how or where you could serve?

Yes  No If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

How often could you commit to serving?  Every week  Once a month Other: \_\_\_\_\_

\_\_\_\_\_

When would you be able to serve (please indicate specific days and times, am/pm etc.)?

\_\_\_\_\_

\_\_\_\_\_

Give your top three reasons or motivations for volunteering to serve at RLM:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Additional information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date