

REAL LIFE MINISTRIES



CONNECTIONS TEAM

Connecting to God, and each other!

Volunteer Self-Assessment:

Looking for a place to serve at Real Life, but unsure of 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, ext. 7161 or email bobbi@reallifeministries.com.

Please send completed form to:
REAL LIFE Ministries
1866 Cecil Road
Post Falls, ID 83854

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This area for Staff Use Only

This potential volunteer referred to the following ministries for placement:

Ministry: _____ Ministry Leader: _____

Ministry: _____ Ministry Leader: _____

Ministry: _____ Ministry Leader: _____

Ministry: _____ Ministry Leader: _____

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Name: _____

Street or Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____

Email: _____ Date of Birth _____

Married: Yes No Spouse's Name: _____

If married, would you like to serve in a ministry together? Yes No Maybe

How long have you been a Christian? <1yr 1-3yrs 4-5 yrs 6-10yrs 10+

How long have you attended Real Life? <1yr 1-3yrs 4-5 yrs 6+

Have you completed: 101 (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? _____

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: _____

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, circle age group(s): Infant, Toddler, 0-3 years, 3-5 years, K-5th grade, Special Needs 0-11 years

Would you like to work with youth? Yes No **Note: Must complete and pass a background check and interview process.*

If yes, circle age group(s): Jr. High, High School, College Age, 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? Weekly, Monthly, Other: _____.

When would you be able to serve (circle all that apply and indicate am/pm/specific time)? M-F _____, Saturday _____, Sunday _____.

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

1. _____
2. _____
3. _____

Additional Information: _____

Signature

Today's Date