

Contact Information

Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work/Other Phone: _____

Email Address: _____

May we contact you at work? Yes No

Best time to contact: Daytime Evening

Preferred way of contact: Phone Email

Skills and Interests

Check all that apply:

<input type="checkbox"/> Accounting	<input type="checkbox"/> Health/Fitness Experience
<input type="checkbox"/> Advertising/Promotions	<input type="checkbox"/> HVAC Maintenance
<input type="checkbox"/> Altar Ministry	<input type="checkbox"/> Interior Design/Decorating
<input type="checkbox"/> Alzheimer's Care	<input type="checkbox"/> IT Experience
<input type="checkbox"/> Appliance Repair	<input type="checkbox"/> Jail or Prison Ministry
<input type="checkbox"/> Artwork/Drawing	<input type="checkbox"/> Kitchen Assistant
<input type="checkbox"/> Assisting Abuse Victims	<input type="checkbox"/> Landscaping/Yard work
<input type="checkbox"/> Assisting others financially	<input type="checkbox"/> Languages/Bilingual
<input type="checkbox"/> Assisting the Disabled	<input type="checkbox"/> Legal Assistance
<input type="checkbox"/> Assisting the Homeless	<input type="checkbox"/> Meal Planning/Delivery
<input type="checkbox"/> Assisting the Elderly	<input type="checkbox"/> Medical Assistance
<input type="checkbox"/> Auto Mechanics	<input type="checkbox"/> Military Families Ministry
<input type="checkbox"/> Baking/Cooking	<input type="checkbox"/> Mission Projects—Int'l
<input type="checkbox"/> Bible Study leader	<input type="checkbox"/> Mission Project—Local
<input type="checkbox"/> Bus/ Van Driver	<input type="checkbox"/> Moving help
<input type="checkbox"/> Calling/Visiting Shut-ins	<input type="checkbox"/> Music/Instrumental
<input type="checkbox"/> Cancer Support	<input type="checkbox"/> Music/Vocals
<input type="checkbox"/> CDL Licensed Driver	<input type="checkbox"/> Office Work
<input type="checkbox"/> Child Care	<input type="checkbox"/> Organizational Skills
<input type="checkbox"/> Children's Worker	<input type="checkbox"/> Organizing Volunteers
<input type="checkbox"/> Cleaning	<input type="checkbox"/> Painting
<input type="checkbox"/> Coach Sports for Adults	<input type="checkbox"/> Photography-Experienced
<input type="checkbox"/> Coach Sports for Children	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Computer Graphics	<input type="checkbox"/> Providing housing
<input type="checkbox"/> Computer Tutoring	<input type="checkbox"/> Public Relations
<input type="checkbox"/> Concrete /Masonry Work	<input type="checkbox"/> Recruiting
<input type="checkbox"/> Construction/Repairs	<input type="checkbox"/> Scrapbooking
<input type="checkbox"/> Counseling	<input type="checkbox"/> Security Team
<input type="checkbox"/> Data Entry	<input type="checkbox"/> Set up/tear down
<input type="checkbox"/> Disaster Response	<input type="checkbox"/> Sewing
<input type="checkbox"/> Discipling Others	<input type="checkbox"/> Sign Language
<input type="checkbox"/> Divorce Recovery	<input type="checkbox"/> Sound Technician
<input type="checkbox"/> Drama/Acting	<input type="checkbox"/> Special Needs Children
<input type="checkbox"/> Drug/Alcohol Recovery	<input type="checkbox"/> Teaching ESL
<input type="checkbox"/> Drywall Repair/Finishing	<input type="checkbox"/> Telephone calling
<input type="checkbox"/> Electrical Work	<input type="checkbox"/> Tutoring Children
<input type="checkbox"/> Employment Assistance	<input type="checkbox"/> Usher
<input type="checkbox"/> Evangelism	<input type="checkbox"/> Video Production
<input type="checkbox"/> Event Coordination	<input type="checkbox"/> Woodworking
<input type="checkbox"/> Fellowship Planner	<input type="checkbox"/> Writing
<input type="checkbox"/> Financial Planning	<input type="checkbox"/> Youth Worker
<input type="checkbox"/> Greeter	<input type="checkbox"/> Other _____
<input type="checkbox"/> Grief Recovery	_____

What is a unique ministry that YOU could do that would help to make a difference?

