

# Community Family Church Volunteer Services

*A Mind to Work for God!*

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Skills/Abilities

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Carpentry, Rough       | <input type="checkbox"/> Heating & Air Conditioning | <input type="checkbox"/> Excavator                |
| <input type="checkbox"/> Carpentry, Finish      | <input type="checkbox"/> Wallpaper Hanger           | <input type="checkbox"/> Heavy Equipment Operator |
| <input type="checkbox"/> Painter, Interior      | <input type="checkbox"/> Carpet Installer           | <input type="checkbox"/> Bus Driver - CDL         |
| <input type="checkbox"/> Painter, Exterior      | <input type="checkbox"/> Tile Installer             | <input type="checkbox"/> Van Driver               |
| <input type="checkbox"/> Mason, Brick           | <input type="checkbox"/> Wood Floor Installer       | <input type="checkbox"/> Chef                     |
| <input type="checkbox"/> Mason, Block           | <input type="checkbox"/> Mechanic, Certified        | <input type="checkbox"/> Kitchen Helper           |
| <input type="checkbox"/> Cement Forming         | <input type="checkbox"/> Mechanic, General          | <input type="checkbox"/> Beautician, Licensed     |
| <input type="checkbox"/> Cement Finisher        | <input type="checkbox"/> Auto Body                  | <input type="checkbox"/> Office Clerk             |
| <input type="checkbox"/> Dry Wall, Installer    | <input type="checkbox"/> General Maintenance        | <input type="checkbox"/> Receptionist             |
| <input type="checkbox"/> Dry Wall, Finisher     | <input type="checkbox"/> Lawn Care                  | <input type="checkbox"/> Typist                   |
| <input type="checkbox"/> Electrician, Certified | <input type="checkbox"/> Tree Trimming              | <input type="checkbox"/> Other: _____             |
| <input type="checkbox"/> Electrician, Helper    | <input type="checkbox"/> Upholstery Cleaning        |   |
| <input type="checkbox"/> Plumber, Certified     | <input type="checkbox"/> Carpet Cleaning            |   |
| <input type="checkbox"/> Plumber, Helper        | <input type="checkbox"/> Janitorial Work            |   |

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Areas of Ministry

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Children's Church           | <input type="checkbox"/> Audio Position: _____ | <input type="checkbox"/> Athletics: _____                   |
| <input type="checkbox"/> Choir                       | <input type="checkbox"/> Video Position: _____ | <input type="checkbox"/> Speaking                           |
| <input type="checkbox"/> Altar Counselor             | <input type="checkbox"/> Door Greeter          | <input type="checkbox"/> Singing                            |
| <input type="checkbox"/> Usher                       | <input type="checkbox"/> Nursing Home Ministry | <input type="checkbox"/> Hospital Visitation - ordained     |
| <input type="checkbox"/> Usherette                   | <input type="checkbox"/> Shut-In Ministry      | <input type="checkbox"/> Hospital Visitation - not ordained |
| <input type="checkbox"/> Sound Board Operator        | <input type="checkbox"/> In-Touch Ministry     | <input type="checkbox"/> Teacher - Age Group _____          |
| <input type="checkbox"/> Musical Instrument<br>_____ | <input type="checkbox"/> Bus Ministry          | <input type="checkbox"/> Nursery Worker                     |
|  | <input type="checkbox"/> Intercessory Prayer   | <input type="checkbox"/> Personal Evangelism                |
- Area of Ministry interested in learning about: \_\_\_\_\_

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## Volunteer Availability

- | Frequency                                    | Availability                             | Times |
|--|--|-------|
| <input type="checkbox"/> One Day - Per Week  | <input type="checkbox"/> Days: _____     | _____ |
| <input type="checkbox"/> One Day - Bi-Weekly | <input type="checkbox"/> Evenings: _____ | _____ |
| <input type="checkbox"/> One Day Per Month   | <input type="checkbox"/> Weekends: _____ | _____ |
| <input type="checkbox"/> Other _____         |  |       |

