

# Fellowship Bible Church

## Serving Profile

Information			
First Name:	Last Name:	Middle Initial:	
Nickname: (if preferred)	Email Address:	Gender: (circle) Male Female	
Street Address:		City:	Zip:
Phone 1: (circle) Home Work Cell		Phone 2: (circle) Home Work Cell	

<b><u>New Serving Interest:</u> Rank your top 3 overall interests (1-3)</b>	<b><u>Availability:</u> Check all that apply</b>
<p><b>Connections</b></p> <p><input type="checkbox"/> Greeter</p> <p><input type="checkbox"/> Hospitality (Coffee/Cookies)</p> <p><input type="checkbox"/> Host</p> <p><input type="checkbox"/> Parking</p> <p><input type="checkbox"/> Usher</p> <p><input type="checkbox"/> Welcome Center</p> <p><input type="checkbox"/> Communion Preparation</p> <p><input type="checkbox"/> Starting Point Table Host</p> <p><input type="checkbox"/> Welcome Card Team</p> <p><input type="checkbox"/> Prayer Partner</p> <p><input type="checkbox"/> Building &amp; Grounds</p>	<p><b>Family Ministry</b></p> <p><input type="checkbox"/> Nursery (0-3)</p> <p><input type="checkbox"/> Base Camp (3-Kindergarten)</p> <p><input type="checkbox"/> Mountain Program (1st-6th)</p> <p><input type="checkbox"/> Park Ranger/Child Check-in</p> <p><input type="checkbox"/> Resource Team</p> <p><input type="checkbox"/> Jr. High (7<sup>th</sup> &amp; 8<sup>th</sup> Grade)</p> <p><input type="checkbox"/> Sr. High (9<sup>th</sup> -12<sup>th</sup> Grade)</p> <p><input type="checkbox"/> Student Check-in (Wed evenings)</p> <p><input type="checkbox"/> College Life</p>
<p><b>LifeCare</b></p> <p><b>Pastoral Care</b></p> <p><input type="checkbox"/> Hospital Visitation Team</p> <p><input type="checkbox"/> Marriage/Family Counselor*</p> <p><input type="checkbox"/> Prayer Team</p> <p><input type="checkbox"/> Meals Ministry</p> <p><input type="checkbox"/> Funeral Meal Prep</p> <p><b>Family Financial Ministries</b></p> <p><input type="checkbox"/> Financial Ministry Team</p> <p><input type="checkbox"/> Pocket Watch Coach</p> <p><b>LifeCare</b></p> <p><input type="checkbox"/> Boundaries Facilitator</p> <p><input type="checkbox"/> DivorceCare Facilitator</p> <p><input type="checkbox"/> GriefShare Facilitator</p> <p><input type="checkbox"/> Addictions Recovery Mentor</p> <p><input type="checkbox"/> Other Group Facilitator</p> <p><b>Marriage Ministry</b></p> <p><input type="checkbox"/> Marriage Prep Mentor</p> <p><input type="checkbox"/> ReEngage Teacher</p> <p><input type="checkbox"/> ReEngage Small Group Coord.</p> <p style="text-align: right; font-size: small;">*Training Required</p>	<p><b>Worship Arts</b></p> <p><input type="checkbox"/> Worship Team</p> <p><b>Tech Arts</b></p> <p><input type="checkbox"/> Lighting Operator</p> <p><input type="checkbox"/> Audio Operator</p> <p><input type="checkbox"/> Media Operator</p> <p><input type="checkbox"/> Stage Setup &amp; Tear Down</p> <p><input type="checkbox"/> Set Construction</p> <p><input type="checkbox"/> General Assistance</p> <p><b>Adult</b></p> <p><input type="checkbox"/> Small Group Leader</p> <p><input type="checkbox"/> Men's Ministry Leader</p> <p><input type="checkbox"/> Men's Ministry Support</p> <p><input type="checkbox"/> Women's Ministry Leader</p> <p><input type="checkbox"/> Women's Ministry Support</p> <p><b>Outreach</b></p> <p><input type="checkbox"/> Local Outreach</p> <p><input type="checkbox"/> Global Outreach</p>
	<p><b>When are you available to serve?</b></p> <p><input type="radio"/> Daily</p> <p><input type="radio"/> Weekly</p> <p><input type="radio"/> Weekend</p> <p><input type="radio"/> Monthly</p> <p><input type="radio"/> Seasonally</p> <p><b>Which service(s) do you attend?</b></p> <p><input type="radio"/> Sat 4:15</p> <p><input type="radio"/> Sat 6:00</p> <p><input type="radio"/> Sun 9:15</p> <p><input type="radio"/> Sun 11:00</p> <p><b>What time of day are you available?</b></p> <p><input type="radio"/> Morning</p> <p><input type="radio"/> Afternoon</p> <p><input type="radio"/> Evening</p> <p><b>What type of events interest you?</b></p> <p><input type="radio"/> One-time events</p> <p><input type="radio"/> Ongoing events</p> <p><input type="radio"/> Overnight events</p> <p><input type="radio"/> Events at Fellowship Bible Church</p> <p><input type="radio"/> Off-site events</p> <p><b>Which best describes you?</b></p> <p><input type="radio"/> Leader, Initiator, Motivator (Lion)</p> <p><input type="radio"/> Organizer, Planner (Beaver)</p> <p><input type="radio"/> People Manager/Coordinator (Otter)</p> <p><input type="radio"/> Caring, Compassionate (Golden Retriever)</p>

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

<b><i>Spiritual Gifts: What are your God-given abilities? (Rank your top 3-5 gifts)</i></b>		
<input type="checkbox"/> Administration <input type="checkbox"/> Apostleship <input type="checkbox"/> Craftsmanship <input type="checkbox"/> Discernment <input type="checkbox"/> Encouragement <input type="checkbox"/> Evangelism <input type="checkbox"/> Exhortation <input type="checkbox"/> Faith	<input type="checkbox"/> Giving <input type="checkbox"/> Helps/Service <input type="checkbox"/> Hospitality <input type="checkbox"/> Intercession/Prayer <input type="checkbox"/> Knowledge <input type="checkbox"/> Leadership <input type="checkbox"/> Mercy/Compassion	<input type="checkbox"/> Missionary <input type="checkbox"/> Music <input type="checkbox"/> Prophecy <input type="checkbox"/> Pastor/Shepherd <input type="checkbox"/> Teacher <input type="checkbox"/> Wisdom <input type="checkbox"/> Writing

<b><i>Core Values: What are the things you deeply value? (Write your Top 5-10)</i></b>		
1.	5.	8.
2.	6.	9.
3.	7.	10.
4.		

<b><i>Past Experiences</i></b>
1. _____
2. _____
3. _____
4. _____
5. _____

<b><i>Other Thoughts/Ideas/Questions</i></b>