

CCCF Volunteer Assessment Form

Name \_\_\_\_\_

Birthday (Month and Day) \_\_\_\_\_

**Ministry Volunteer Interests (Circle All Interests)**

Nursery (Infants)      Nursery (Toddlers)      Children's Church      Sunday School Teacher

Youth Group      Men's      Women's      Sheds of Hope

Other \_\_\_\_\_

Number of Years in Prior Service Specific Ministries circled above.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Favorite Candy Bar \_\_\_\_\_

Favorite Restaurant \_\_\_\_\_

Favorite Starbucks or Smoothie Drink \_\_\_\_\_

Favorite Snack Food \_\_\_\_\_

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*For use by staff*

Date Volunteer Started \_\_\_\_\_ Specific Volunteer Ministry \_\_\_\_\_

Completed Reading Policy and Procedures Manual \_\_\_\_\_

Completed Ministry Safe \_\_\_\_\_ Date \_\_\_\_\_

Completed Background Check \_\_\_\_\_ Date \_\_\_\_\_

Direct Report in Ministry \_\_\_\_\_

Encouraged (Note or Gift) Last \_\_\_\_\_