



VOLUNTEER SKILLS AND SPIRITUAL GIFT ASSESSMENT

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ (HOME) _____ (CELL)

1. What are your skills? (These skills are those that you learned through your work experiences through the years.)

- a. _____
- b. _____
- c. _____
- d. _____

2. What are your spiritual gifts? (What specific gifts has God given to you? What comes naturally to you?)

- a. _____
- b. _____
- c. _____

3. What are your preferences? (Where would you like to be placed? Is there a specific area where you would like to work? What is your passion?)

- a. _____
- b. _____
- c. _____