

How to Get Connected

Express your desire or willingness to serve by completing this Ministry Interest Survey.

Contact Information

Date: _____ Are you over 18? Y / N
 Dr. / Mr. / Mrs. / Ms. _____
 Street Address: _____
 City, State, and Zip: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Occupation: _____ E-Mail Address: _____

Preferred Styles

- In Front of Group Behind the Scenes Work With Team Work Independently
- People Oriented Task Oriented Detailed Oriented

Skills and Abilities

- Administrative:** Filing Data Entry Receptionist
 Mailings Other: _____
- Construction:** Electrical Work Painting Plumbing
 Clean-up Masonry Landscaping Other: _____
- Education & Training:** Counselor Finance Healthcare/Medical
 Mentor Teacher Other: _____
- Multi-Media:** Lights Sound Video
 Other: _____
- Music & Drama:** Drama/Acting Instrumental Music Vocal Music
 Dance Handbells Other: _____
- Communications:** Editing Graphic Design Photography
 Publicity Other: _____
- Sports:** Baseball Basketball Volleyball
 Biking/Walking Aerobics Softball Other: _____
- Technology:** Camera Operator Web Design Computer Programming
 Other: _____

Externally Focused

Internally Strong

Externally Focused

Internally Strong

Interests

- | | | |
|---|---|---|
| <input type="checkbox"/> No Preference | <input type="checkbox"/> Gardening | <input type="checkbox"/> Security |
| <input type="checkbox"/> Addiction/Recovery | <input type="checkbox"/> Health Awareness | <input type="checkbox"/> Senior Adults |
| <input type="checkbox"/> Adults | <input type="checkbox"/> Homebound/Nursing Homes | <input type="checkbox"/> Small Groups |
| <input type="checkbox"/> At Risk Groups | <input type="checkbox"/> Hospital | <input type="checkbox"/> Special Needs |
| <input type="checkbox"/> Budgeting/Financial Planning | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Students |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Marriage and Family | <input type="checkbox"/> Teach/Mentor/Tutor |
| <input type="checkbox"/> Childrens | <input type="checkbox"/> Men/Dads | <input type="checkbox"/> Traffic Control |
| <input type="checkbox"/> Cleaning | <input type="checkbox"/> New Members | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Communications/Publicity | <input type="checkbox"/> Office Operations/Clerical | <input type="checkbox"/> Welcome Center/
Ushers/Greeters |
| <input type="checkbox"/> Community Outreach | <input type="checkbox"/> Outreach | <input type="checkbox"/> Women/Moms |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Pastoral Care/Shepherding | <input type="checkbox"/> Worship |
| <input type="checkbox"/> Event Setup/Teardown | <input type="checkbox"/> Prayer | <input type="checkbox"/> Young Adults |
| <input type="checkbox"/> Facilities Maintenance | <input type="checkbox"/> Prison Ministry | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Food Server/Provider | <input type="checkbox"/> Public Servant/Police & Fire | |

Availability

- | | | |
|---|---|---|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekday evenings |
| <input type="checkbox"/> Weekend mornings | <input type="checkbox"/> Weekend afternoons | <input type="checkbox"/> Weekend evenings |

Comments: (Also list any organizations, groups or agencies in which you are currently serving and might act as a liaison.)

My strength is _____

Follow-Up (for office use)

Date of Contact:

Liaison:

Questions? Call Shelley at 803-787-2133, ext. 223, or e-mail shelley@ntbc.org.