LEGACY MINISTRIES

VOLUNTEER PERSONNEL RECORD

Name _____

Phone #(s) _____

Mailing Address _____

_____

e-Mail Address _____

If you know your Personality Type, please check all that apply:

☐ Choleric ☐ Sanguine

☐ Phlegmatic ☐ Melancholy

Please list your Motivational gift(s): _____

_____

What days of the week & hours are you available? _____

Please check any of these services that you would like to help us provide.

☐ Developing new Pastor/Ministry Leader contact database
☐ Filing
☐ Grant Writing
☐ Intercessory Prayer
☐ Keeping Volunteer Service Log Monthly Recap
☐ Organizing and updating file cabinets and supply closet
☐ Organizing existing contact databases
☐ Organizing the Library (cataloging titles in computer database, labeling, shelving, etc.)
☐ Phoning contacts to notify of upcoming events
☐ Photographing events
☐ Preparing Class folders (copying, stuffing, labeling, etc.)
☐ Recruiting Corporate sponsors
☐ Sending Constant Contact events reminders
☐ Taking notes during Inner Healing Prayer sessions
☐ Typing
☐ Writing articles for media release (general Legacy; specific events)
☐ Other: _____

Legacy Ministries welcome your ideas!