



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

Email and Phone Number: \_\_\_\_\_

1. How long have you attended Riverside?
2. How often do you attend church services (virtual or in-person)?
3. Are you currently serving at Riverside?
  - a. No
  - b. Yes, I serve by  
\_\_\_\_\_
4. How many hours per week are you available to volunteer?
5. Please circle below which, if any, ages of children you enjoy volunteering with.
  - a. Infants
  - b. Toddlers
  - c. Preschoolers
  - d. Elementary Age
  - e. Middle Schoolers
  - f. High Schoolers
6. Do you enjoy speaking to groups of people?
  - a. No
  - b. Yes, small groups 2-10
  - c. Yes, large groups 15+

7. Do you enjoy preparing food?

- a. Yes                      b. No

8. Do you enjoy serving food?

- a. Yes                      b. No

9. Do you enjoy visiting with senior members of our congregation?

- a. Yes                      b. No

10. Do you have a heart for missions within our community? If yes, please explain.

11. Are you technologically savvy? If yes, please explain.

12. Are you handy? If yes, please explain.

13. Do you have any conditions or allergies that may shape your volunteer experience?

14. Please list any other gifts or skills you would like to share with our church community. How would you like to share them?

Place an “✓” in the time slots below when you ARE available to serve.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

