

VIP: Volunteer Information Profile

COMPLETED FORMS SHOULD BE SUBMITTED TO
MARY ANN SIBLEY (maryanns@gethope.net)



Hope Community Church
821 Buck Jones Road
Raleigh, NC 27606
919-532-0620

www.gethope.net
www.oneteamonegod.blogspot.com

Role Interest: _____ Date Completed: _____

PERSONAL

Name _____ Birthday _____
LAST FIRST MIDDLE MM / DD / YY
Address _____
STREET CITY STATE ZIP CODE
Home Phone () _____ Other Phone () _____ Email _____

I am a member of Hope Community Church. I am a visitor of Hope Community Church

PASSION SPIRITUAL GIFTS

I have/am developing an interest in or passion for _____

I believe I have the following spiritual gifts (check your top 3)

- | | | | | |
|---|--|---|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Encouragement | <input type="checkbox"/> Helps | <input type="checkbox"/> Leadership | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Apostleship | <input type="checkbox"/> Evangelism | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Mercy | <input type="checkbox"/> Wisdom |
| <input type="checkbox"/> Craftsmanship | <input type="checkbox"/> Faith | <input type="checkbox"/> Intercession | <input type="checkbox"/> Miracles | |
| <input type="checkbox"/> Creative Communication | <input type="checkbox"/> Giving | <input type="checkbox"/> Interpretation | <input type="checkbox"/> Prophecy | |
| <input type="checkbox"/> Discernment | <input type="checkbox"/> Healing | <input type="checkbox"/> Knowledge | <input type="checkbox"/> Shepherding | |

CHRISTIAN BACKGROUND

Are you a Christian? Yes No If yes, since: Year _____

If yes, briefly describe below how you came to know Christ as your personal Savior.

MINISTRY EXPERIENCE

In what area(s) of ministry are you presently participating? _____ Role _____
_____ Role _____

In what area(s) of ministry have you previously participated? _____ Role _____
_____ Role _____

COMMENTS