



Looking for a place to serve at Real Life, but unsure of where to plug-in?

We'd love to help you find just the right spot on our team to play. If you'll complete this short self-assessment, this will help us better determine what serving opportunities might best fit your interests, experience and giftedness.

If you have any questions, please contact Bobbi Putman – at (208) 777-7325, ext. 7161 or email [bobbi@reallifeministries.com](mailto:bobbi@reallifeministries.com).

Please send completed form to:  
REAL LIFE Ministries  
1866 Cecil Road  
Post Falls, ID 83854

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**This area for Staff Use Only**

This potential volunteer referred to the following ministries for placement:

Ministry: \_\_\_\_\_ Ministry Leader: \_\_\_\_\_

Ministry: \_\_\_\_\_ Ministry Leader: \_\_\_\_\_

Ministry: \_\_\_\_\_ Ministry Leader: \_\_\_\_\_

Ministry: \_\_\_\_\_ Ministry Leader: \_\_\_\_\_

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

Street or Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_ Cell Phone: (     ) \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Married:  Yes  No Spouse's Name: \_\_\_\_\_

If married, would you like to serve in a ministry together?  Yes  No  Maybe

How long have you been a Christian?  <1yr  1-3yrs  4-5 yrs  6-10yrs  10+

How long have you attended Real Life?  <1yr  1-3yrs  4-5 yrs  6+

Have you completed:  101 (signed covenant/baptized by immersion)  201

Are you in a discipleship focused small group?  Yes  No If yes, what groups are you currently involved in? \_\_\_\_\_

Are you currently serving in a ministry here at RLM?  Yes  No If yes, where do you currently serve? \_\_\_\_\_

How have you served as a volunteer in the past (church or elsewhere)? \_\_\_\_\_

Of those serving opportunities, which did you enjoy the most and why? \_\_\_\_\_

Do you feel God is directing you to a specific ministry or type of service?  Yes  No

If so, where: \_\_\_\_\_



Would you be willing to make phone calls?  Yes  No  Other: \_\_\_\_\_

Are you willing to work outside?  Yes  No  Other: \_\_\_\_\_

Would you like to work with children?  Yes  No *\*Note: Must complete and pass a background check and interview process.*

If yes, circle age group(s): Infant, Toddler, 0-3 years, 3-5 years, K-5<sup>th</sup> grade, Special Needs 0-11 years

Would you like to work with youth?  Yes  No *\*Note: Must complete and pass a background check and interview process.*

If yes, circle age group(s): Jr. High, High School, College Age, Recovery (mixed ages).

Do you have any physical or other issues that would limit how or where you could serve?  Yes  No If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

How often could you commit to serving? Weekly, Monthly, Other: \_\_\_\_\_.

When would you be able to serve (circle all that apply and indicate am/pm/specific time)? M-F \_\_\_\_\_, Saturday \_\_\_\_\_, Sunday \_\_\_\_\_.

Give your top three reasons or motivations for volunteering to serve at RLM:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date