

St. David's Episcopal Church

2010 Spiritual Gifts Assessment ***NOTE: Please fill out one sheet for each person in the home*

Name _____ Home Phone: _____

Email 1: _____ Cell Phone: _____

Please mark with an (X) the areas in which feel God is calling you to serve now or in the future AND also, mark the areas in which you currently minister.

<u>Ministry Area</u>	<u>Interested in Serving</u>	<u>Currently Ministering</u>
Vestry	_____	_____
Christian Formation		
Bible Study	_____	_____
Confirmation Classes	_____	_____
Education for Ministry (EFM)	_____	_____
Liturgical Season Special Programs	_____	_____
Adult Sunday School	_____	_____
Living the Questions Program	_____	_____
Small Groups	_____	_____
Faith and Fellowship	_____	_____
Youth		
Youth Group Leader	_____	_____
Youth Sunday School Teacher	_____	_____
Nursery Attendant/Helper	_____	_____
Scouting Leader/Volunteer	_____	_____
Day School Volunteer	_____	_____
Outreach		
Just Neighbors Ministry	_____	_____
Homeless Ministry	_____	_____
Community Education (Life Skills)	_____	_____
Membership/Evangelism/Marketing		
Cursillo	_____	_____
Daughter's of the King	_____	_____
New Member Committee	_____	_____
Publicity	_____	_____
Website	_____	_____
Finance		
Finance Committee	_____	_____
Audit Committee	_____	_____
Budget Committee	_____	_____
Endowment Fund Cmte	_____	_____
Stewardship		
Stewardship Campaign	_____	_____
Grant Writing	_____	_____
Legacy Giving	_____	_____
Fundraising	_____	_____

<u>Ministry Area</u>	<u>Currently Serving</u>	<u>Interested in Serving</u>
Parish Life		
Coffee Hour	_____	_____
Episcopal Church Women (ECW)	_____	_____
Men's Group	_____	_____
Fellowship Events	_____	_____
Fellowship Meals	_____	_____
Pastoral Care		
Caring for Others	_____	_____
Flower Arrangements/Delivery	_____	_____
Hospital Visitation	_____	_____
Lay Eucharistic Visitors	_____	_____
Prayer Chain	_____	_____
Walking the Mourner's Path	_____	_____
Service		
Respite Care	_____	_____
Crop Walk	_____	_____
FISH	_____	_____
Helping Hand	_____	_____
Knitters/Quilters	_____	_____
Scholarship Cmte.	_____	_____
Thrift Shop Volunteer	_____	_____
Worship		
Acolytes	_____	_____
Altar Guild	_____	_____
Greeters	_____	_____
Lectors/Lay Eucharistic Minist.	_____	_____
Music		
Choir - Adult	_____	_____
Choir - Children	_____	_____
Contemporary Group	_____	_____
Bell Choir	_____	_____
Techie (Sound/Video System)	_____	_____
Ushers	_____	_____
Building and Grounds		
Church Grounds	_____	_____
Kitchen	_____	_____
Memorial Garden	_____	_____
Office Equipment	_____	_____
Office Volunteer	_____	_____
Other Area (please Specify)	_____	_____

**** PLEASE RETURN THIS FORM TO THE CHURCH OFFICE**