

**Circle of Friends Respite Ministry**  
***Volunteer Information Sheet***

Personality Type: \_\_\_\_\_ Spiritual Gift: \_\_\_\_\_  
T-Shirt Size: \_\_\_\_\_

**Volunteer Information:**

Name: \_\_\_\_\_ Preferred First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Home Church: \_\_\_\_\_

Your Address:

\_\_\_\_\_ Address \_\_\_\_\_ Unit/Apt \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ home \_\_\_\_\_ cell \_\_\_\_\_ work \_\_\_\_\_

Preferred Method of Communication: (Please circle) EMAIL - PHONE CALL - TEXT

In Case of an Emergency, call: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Getting to Know You:** *Please share the following information with us.*

Hobbies / Interests	Unique / Special Skills	Previous Work Experience

*Please check any (and all) service areas that interest you*

Greeter	Participant Friend	Lunch Organization	Lunch Prep	Activity Planning	Activity Leading	Devotional	Mind Joggers	Music

Art	Data Entry	Greeting Cards	Community Outreach	Community Marketing	Public Speaking	Social Media	Organizing	OTHER

***When are you available to join us? Days:*** (Please circle) Tuesdays / Thursdays / Both

**Frequency:** (Please circle) Each REACH Day / Once a Week / Once a Month / As Needed

**When will you be able to begin?** \_\_\_\_\_ Circle of Friends 2025