



Archdiocese of Regina

SELF REVIEW FOR MINISTRY VOLUNTEER FORM

Volunteer's Name: _____
Ministry Position Title: _____
Ministry Leader/Coordinator's Name: _____
Date you began in this ministry: _____

In answering the following questions, consider the following areas:

- | | | |
|------------|------------------------|---|
| Dependable | Respectful | Communication skills |
| Flexible | Trustworthy | Good rapport with those you serve |
| Punctual | Position knowledge | Good relationship with supervisor |
| Organized | Decision making skills | Good relationship with other volunteers |

What strengths do you see in the way you perform this ministry?

What concerns do you have about your continued involvement in this ministry?

What would you want to work on as you continue in this ministry?

Coordinator's or Pastor's Comments:

Volunteer's Signature: _____ Date: _____

Pastor's or Designee's Signature: _____

