

# Elizabeth Ministry Volunteer Sign-up

## *Discovering Your Gifts*



Because Elizabeth Ministry is a collaborative ministry, we need to discover what special gifts each of us has to offer. Please take some time with this worksheet to identify your gifts. Begin with a prayer asking God to reveal what influence you will have on this ministry.

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*There is a variety of gifts, but always the same Spirit; there are all sorts of service to be done, but always to the same Lord; working in all sorts of different ways in different people, it is the same God who is working in all of them. The particular way in which the Spirit is given to each person is for a good purpose.*

*1 Corinthians 12:4-7*

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**Please write your answers on this sheet or use other paper if you need more space.** Usually the things that we enjoy doing the most are the things that utilize your gifts. What is a chore for one person is a joy for another. Please help us learn what it is that energizes you. It is there that we will find the key to further opening your gift.

1. If you could do anything at all in the world tomorrow, what would you do?
2. What are your hobbies and interests? How do you spend your leisure time?
3. Are there personal goals and dreams that you have for yourself? What skills would you need to develop to fulfill these? What interests would you like to pursue? Think of the "If only's" in your life. Perhaps your involvement in Elizabeth Ministry could help you develop those skills and talents.
4. List things you think you are gifted in. Identify activities you naturally do well.

Usually the tasks that frustrate us, or the ones we procrastinate over, involve things in which we are not particularly gifted. It is good to also identify where your service would not be effective. If we are asked to do a job in an area in which we are not gifted, we often find the role burdensome and unrewarding. Identifying the proper place of service will allow you to enjoy doing it.

1. What are you afraid to do?
2. When is the last time you were really frustrated? What were you doing at the time?
3. List things that you feel you are not very gifted in or do not enjoy doing.

**PLEASE TURN THIS SHEET OVER.**

Our talents usually come from developing the gifts we have been given. What skills or talents have you developed? (The skills or talents could have been developed through formal education, volunteering, mentoring, or work experience.)

1. Personal preference (Each of these areas are gifts. Please check yours.  
We need people in all areas.)

- |  |   |
|--|---|
| <input type="checkbox"/> I prefer to work alone.                 | <input type="checkbox"/> I like to plan things out well in advance. |
| <input type="checkbox"/> I prefer to be part of a group.         | <input type="checkbox"/> I like to be spontaneous.                  |
| <input type="checkbox"/> I prefer to be the leader.              | <input type="checkbox"/> I like routine tasks.                      |
| <input type="checkbox"/> I prefer to be a follower.              | <input type="checkbox"/> I like new, challenging tasks.             |
| <input type="checkbox"/> I like to speak in public.              | <input type="checkbox"/> I prefer to know what is expected.         |
| <input type="checkbox"/> I dislike speaking in front of a group. | <input type="checkbox"/> I prefer to design the activity.           |
| <input type="checkbox"/> I like clear directions to follow.      | <input type="checkbox"/> I like to talk on the phone.               |
| <input type="checkbox"/> I like to create my own directions.     | <input type="checkbox"/> I like to meet new people.                 |
| <input type="checkbox"/> I like to make things with my hands.    | <input type="checkbox"/> I also like to...                          |
| <input type="checkbox"/> I like to shop.                         | _____   |
| <input type="checkbox"/> I like to fix things.                   | _____   |
| <input type="checkbox"/> I like to listen to tapes.              | _____   |
| <input type="checkbox"/> I like to watch videos.                 | _____   |

2. What previous volunteer or work experiences have you had?
3. What is the best time of day to volunteer your services?
4. Would you like to work on projects at home? \_\_\_\_\_ At church? \_\_\_\_\_ Either? \_\_\_\_\_
5. What is your favorite time of day?

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Considering your answers, what area(s) of support would you like to pursue?

- Prayer support  
 Gifts and cards ministry  
 Card writing/phone calls ministry  
Family support:  meals  childcare  housekeeping  transportation  
Visiting ministry:  parish sick  new moms  
Other: \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Email: \_\_\_\_\_

*Please detach the bottom portion of this form at the dotted line and leave it in the volunteer registration box on the Elizabeth Ministry table in the church narthex, or in the parish office. You can also contact Ann Thoma at 661-6311 or athoma63@comcast.net*