



# **CIRCLE OF CARE**

## **Assessment and Inventory Survey**

Name \_\_\_\_\_

Spouse's name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Contact phone numbers \_\_\_\_\_

Hours to contact \_\_\_\_\_

E-mail address \_\_\_\_\_

Occupation (Please note current or retired.)  
\_\_\_\_\_

Check all that apply.

- Married       Single       Widow(er)
- If married: Spouse attends church with you
- Member of church       Regular attendee
- Male       Female

Have attended church for how long? \_\_\_\_\_

Which service(s)? \_\_\_\_\_

Birth Date \_\_\_\_\_

Languages spoken \_\_\_\_\_

Children currently at home (Include names and birthdays.)

\_\_\_\_\_  
\_\_\_\_\_

What brought you to this church?

\_\_\_\_\_

What do you enjoy doing? \_\_\_\_\_

What are your hobbies? \_\_\_\_\_

What motivates you? \_\_\_\_\_

Have you volunteered in the past?  Yes  No

In the community? \_\_\_\_\_ At church? \_\_\_\_\_

Please list: \_\_\_\_\_

\_\_\_\_\_

Spiritual Gifts (Please check all that apply.)

- |   |                                      |  |
|---|--------------------------------------|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Teaching    | <input type="checkbox"/> Encouraging   |
| <input type="checkbox"/> Giving         | <input type="checkbox"/> Mercy       | <input type="checkbox"/> Service/Helps |
| <input type="checkbox"/> Prophecy       | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Exhortation   |
| <input type="checkbox"/> Discernment    | <input type="checkbox"/> Prophecy    | <input type="checkbox"/> Evangelism    |

Please check all that apply.

Presently  
Involved

Newly  
Interested

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

### General Office Skills

Phone caller  
Word-processing  
Mailings

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

### Leadership

Devotions leader  
Facilitator  
Event planner  
Group leader  
Prayer leader  
Vocational counseling  
Trainer in \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

### Manual Skills

Carpentry  
Electrical work  
Painting  
Yard/Garden work  
General repair  
General cleaning

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

### Work With Special Needs

Hearing loss  
Mentally challenged  
Physically challenged  
Sign language  
Vision loss

**People Skills**

- |                          |                          |               |
|--------------------------|--------------------------|---------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Listening     |
| <input type="checkbox"/> | <input type="checkbox"/> | Mentoring     |
| <input type="checkbox"/> | <input type="checkbox"/> | Communicating |

**Medical**

- |                          |                          |           |
|--------------------------|--------------------------|-----------|
| <input type="checkbox"/> | <input type="checkbox"/> | EMT       |
| <input type="checkbox"/> | <input type="checkbox"/> | Paramedic |
| <input type="checkbox"/> | <input type="checkbox"/> | RN        |
| <input type="checkbox"/> | <input type="checkbox"/> | LPN       |
| <input type="checkbox"/> | <input type="checkbox"/> | Dr.       |

**Which Group(s) Would You Enjoy Working With?**

- |                          |                          |                  |
|--------------------------|--------------------------|------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Small groups     |
| <input type="checkbox"/> | <input type="checkbox"/> | Adult education  |
| <input type="checkbox"/> | <input type="checkbox"/> | Singles          |
| <input type="checkbox"/> | <input type="checkbox"/> | Men's ministry   |
| <input type="checkbox"/> | <input type="checkbox"/> | Bible studies    |
| <input type="checkbox"/> | <input type="checkbox"/> | Women's ministry |
| <input type="checkbox"/> | <input type="checkbox"/> | Wellness         |
| <input type="checkbox"/> | <input type="checkbox"/> | Seniors          |
| <input type="checkbox"/> | <input type="checkbox"/> | Children         |
| <input type="checkbox"/> | <input type="checkbox"/> | Teens            |

**Support Groups**

- |                          |                          |                      |
|--------------------------|--------------------------|----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Survivors of suicide |
| <input type="checkbox"/> | <input type="checkbox"/> | Recently widowed     |
| <input type="checkbox"/> | <input type="checkbox"/> | Grief support        |
| <input type="checkbox"/> | <input type="checkbox"/> | Divorce support      |
| <input type="checkbox"/> | <input type="checkbox"/> | Step family          |
| <input type="checkbox"/> | <input type="checkbox"/> | Senior citizens      |

- |                          |                          |                        |
|--------------------------|--------------------------|------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Caregivers             |
| <input type="checkbox"/> | <input type="checkbox"/> | Parenting support      |
| <input type="checkbox"/> | <input type="checkbox"/> | Single parents support |
| <input type="checkbox"/> | <input type="checkbox"/> | Cancer support         |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____           |

### Other Opportunities for Service

- |                          |                          |                                |
|--------------------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Prepare food for events        |
| <input type="checkbox"/> | <input type="checkbox"/> | Serving in kitchen/fellowships |
| <input type="checkbox"/> | <input type="checkbox"/> | Vacation Bible School          |
| <input type="checkbox"/> | <input type="checkbox"/> | Recreation ministries          |
| <input type="checkbox"/> | <input type="checkbox"/> | Aging care/issues              |
| <input type="checkbox"/> | <input type="checkbox"/> | Delivering meals               |
| <input type="checkbox"/> | <input type="checkbox"/> | Driving to/from church         |
| <input type="checkbox"/> | <input type="checkbox"/> | Scout leader                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Provide housing                |
| <input type="checkbox"/> | <input type="checkbox"/> | Fund-raiser                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Hospital visitation            |
| <input type="checkbox"/> | <input type="checkbox"/> | Prison ministry                |
| <input type="checkbox"/> | <input type="checkbox"/> | Military ministry              |

Other Talents \_\_\_\_\_

### With Which Age Group(s) Do You Feel Effective?

- Preschoolers (birth-4)
- Children (K-5th grade)
- Youth (6th grade through 12th)
- Single adults (all ages)
- Young adults
- Median adults
- Senior adults

## Needs of the Congregation

Everyone has needs. You give others the opportunity to bless someone, by letting us know where we can help. Some needs may be met through an exchange program (babysitting for a fee or exchange, etc.). Meeting needs is something only God can do; however, He often works through people to accomplish it.

Please be as specific as possible to help us identify the needs within our church body so we may explore the possibility of meeting those needs.

Please circle the category and following items that applies to your needs.

<b>Category</b>	<b>Examples</b>	<b>Able to Pay</b>	
Landscaping:	Cutting grass Trimming bushes Pulling weeds <hr/>	Yes	No
Housing repair:	Cleaning gutters Carpentry Roofing <hr/>	Yes	No
Education:	Tutoring College assistance Home-schooling <hr/>	Yes	No

Day Care:	Regular baby-sitting Respite care Adult caregiving	Yes	No
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Musical:	Instruments Lessons	Yes	No
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Support Group:	Divorce care Grief care Recently widowed Cancer support Step-parenting Parenting support
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Please indicate other areas of need not indicated above.

*Thank you for completing this survey. The information you have provided will be beneficial to our Circle of Care team.*



Prepared by

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