



VOLUNTEER FORM

NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

MINISTRY INTEREST: _____

GENERAL INFO

HOW LONG HAVE YOU BEEN ATTENDING OAK BRIDGE? _____

WHAT IS YOUR CHURCH BACKGROUND? _____

ARE YOU CURRENTLY INVOLVED IN ANY OAK BRIDGE SERVING MINISTRIES? _____

IF SO, WHICH ONE(S)? _____

ARE YOU INVOLVED IN A SMALL GROUP? _____

WHAT IS THE BEST TIME TO CONTACT YOU? _____

WHAT ARE YOUR AREAS OF GIFTEDNESS?

SERVICE HOSPITALITY ADMINISTRATION TEACHING COMPASSION

MUSIC DRAMA TECHNICAL ABILITY CARPENTRY LEADERSHIP

ENCOURAGEMENT GENEROSITY PRAYER