

Strengthening the Caring Community

- Self Review for Parish Ministers -

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:

- | | | |
|---|---|---|
| <ul style="list-style-type: none"> ▪ Dependable ▪ Flexible ▪ Punctual ▪ Organized | <ul style="list-style-type: none"> ▪ Respectful ▪ Trustworthy ▪ Position knowledge ▪ Decision making skills | <ul style="list-style-type: none"> ▪ Communication skills ▪ Good rapport with those you serve ▪ Good relationship with supervisor ▪ 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?

Supervisor's Comments:

Volunteer's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____