

Alabama Full Gospel
Youth Ministry

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Youth Worker Information/Assessment Sheet

(PLEASE PRINT)

Name _____

Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Work#: _____

Church Name: _____

Pastor Name: _____ Website: _____

Phone #: _____ Fax #: _____

Ministry Details:

Number of Youth: _____

Age group (s): _____

What are your youth Bible Study and Sunday Morning Worship Meeting Times:

Does your children's and youth ministry have worship service independent of adult services? Yes or No If no, what is the reason?

Currently, what are your strengths in your youth ministry?

What areas would you like to see improvement in?

What support or assistance are you in need of?

Have you outlined goals and objectives for your youth ministry for the 2007-year? Yes or No

Place an X by any of the areas currently operating in your youth ministry:

- | | |
|--|--|
| <input type="checkbox"/> Teacher (Children's Ministry) | <input type="checkbox"/> Youth Media Team |
| <input type="checkbox"/> Teacher (Youth Ministry) | <input type="checkbox"/> Youth Step Team |
| <input type="checkbox"/> Youth Choir, Praise & Worship Team | <input type="checkbox"/> Youth Evangelism Team |
| <input type="checkbox"/> Youth Dance, Drama, or Mime Team | <input type="checkbox"/> Youth Ushers & Greeters |
| <input type="checkbox"/> Youth Intercessory Prayer Team | <input type="checkbox"/> Nursery |
| <input type="checkbox"/> Volunteers | <input type="checkbox"/> College Preparation |
| <input type="checkbox"/> Youth Entrepreneurship and Economic Empowerment | |
| <input type="checkbox"/> Ministry of Helps | |