

## **TEAM ROSTER & SKILLS CHECKLIST**

Week of Sunday,	Week o	f Sunday,	
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Church/Organization:	City, State:	

Please list ALL church/organization members coming to serve during the week written above. Indicate the number that corresponds to each member's level of experience and mark only those areas that apply. (1) Limited experience and would need supervision (2) Experienced and could perform this skill without supervision (3) Could demonstrate, instruct, and supervise unskilled volunteers in this area. If the person has a current, active license in any field, please **circle** the number in that field.

	LAST NAME	FIRST NAME	Gender	Under 18		CONTACT NO.	Concrete	Masonry	Framing	Electrical	Plumbing	HVAC	Drywall Hang	Drywall Finish	Roofing	Siding	Flooring	Painting	Finish Trim	Handyman	Mechanic	Worship Leader	Cook
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