TEAM ROSTER \＆SKILLS CHECKLIST

## Week of Sunday，

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 | نِ | $$ | CONTACT NO． |  | 竕 | － | T | 关 | $\frac{U}{4}$ |  |  | ＊ | 星 | 㫛 | 吅 |  |  | 悉 | 菏 | － |
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| 4 |  |  |  |  | （ ） |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  | （ ） |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  | （ ） |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  | （ ） |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 14 |  |  |  |  | （ ） |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 16 |  |  |  |  | （ ） |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 17 |  |  |  |  | （ ） |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 18 |  |  |  |  | （ ） |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 19 |  |  |  |  | （ ） |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 20 |  |  |  |  | （ ） |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

