

My Personal S.H.A.P.E. Profile

Name:					
Phone:					
Email:					
☐ I have taken the					
SPIRITUAL GIFTS					
1					
2					
3					
HEART: What thin I love to I love to				_	
I love to					
What age or type o					
	□Children		□Adults		
_	⊔Parents □Disabled			•	□Single Parents
ABILITIES: I feel I 1.	have these abilit	ies, talents or sk	tills (see 28 Spe	cialized Abilit	ies List):
2					
3					
PERSONALITY: (n	nark one circle o	n each scale-line	.)		
Task	a <u>0.710</u> 0.110.0 0.	. edo. odd.e iine	• •		People
3	2	1 1	2	2	<u>3</u>
strong		mild mild			strong
Routine					Variety
3	2	1 1		2	3_
strong		mild mild			strong

EXPERIENCE: Painful experiences, trials, or problems I could relate to and use to encourage a fellow Christian through (optional):
Special training or classes that have been meaningful for me:
Ministry experience: H.C.C. ministries currently serving in:
Church ministries served in the past:
Community ministries (outside of H.C.C.) currently serving in:
AVAILABLITY: What days of the week and hours am I available to serve?
PLEASE SELECT ONE OF THE OPTIONS BELOW:
☐ I feel I am best "SHAPED" for these possible places of service:
1
2
3
☐ I feel I am currently serving in the ministry area I am best "SHAPED" for and am fulfilled in.

Please return to: Highlands Community Church (attn: Becky Robertson) 3031 NE 10th St.

☐ I would like further assistance in selecting my ministry opportunities. Please contact me to

Renton, WA 98059

Fax: (425) 255-5460 or Email: beckyr@highlandscc.org

schedule an appointment with a Ministry Consultant.