



The Shepherd's Staff

(Volunteer Department – 214.333.6518)

Transfer Form

Date: _____

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|--|---|--|
| <i>Last Name:</i> | <i>First Name:</i> | <i>Middle Initial:</i> |
| <i>Name of Ministry:</i> | | <i>Name of Ministry Leader:</i> |
| To be completed by the Ministry Leader | | |
| Evaluation: | | <i>Would you re-staff as a Volunteer?</i> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i> |
| | <u><i>Outstanding</i></u> <u><i>Satisfactory</i></u> <u><i>Unsatisfactory</i></u> | <i>Additional information or comments:</i> |
| <i>Quality</i> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| <i>Teamwork</i> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| <i>Conduct</i> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| <i>Attendance</i> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| <i>Signed by Ministry Leader:</i> | | <i>Date:</i> |
| <i>Approved by Pastoral Overseer:</i> | | <i>Date:</i> |
| To be completed by Volunteer Department | | |

Date: _____

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|---------------------------------|
| <i>Reason for Transferring:</i> |
| <i>Action taken:</i> |

Signature, Pastoral Overseer of the Volunteer Department

Date: