



The Shepherd's Staff

(Volunteer Department – 214.333.6518)

Separation Form

Date: _____

<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: _____

<i>Reason for Separation:</i>
<i>Action Taken:</i>

Signature, Pastoral Overseer of the Volunteer Department

Date: