



Reid Temple Restoration Center, Inc.
Interest Profile Sheet

*Please note successful completion and submission of this document **does not** suggest or confirm participation or employment with the Reid Temple Restoration Center. By submitting this document I acknowledge that I have read and agree with the aforementioned statement.*

DEMOGRAPHIC INFORMATION:

First Name: _____ Last Name: _____

Mailing Address: _____
Street Address

City State Zip Code

Phone Numbers: _____
Home Cell Office

Email Address: _____

Below please list the professional and volunteer activities that you have participated in *related* to the counseling profession.

Professional Activities	Are you currently participating? Yes/No	Volunteer Activities	Are you currently participating? Yes/No

Are you interested in volunteering your time and expertise to assist with the counseling services offered via Reid Temple? Please explain your answer.

Generally speaking, which day/time of the week are you available to participate in meetings/seminars?