

## PASSION ASSESSMENT

### DIRECTIONS

1. Prayerfully consider your answers to the questions.
2. There are no right or wrong responses.
3. Don't be concerned about "whether" you can do it or "how" it can be done.
4. Complete the assessment as if you have no obstacles to fulfilling your heart's desire.

### QUESTIONS

1. If I could snap my fingers and know that I couldn't fail, what would I do?

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2. At the end of my life, I'd love to be able to look back and know that I'd done something about:

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3. If I were to mention your name to a group of your friends, what would they say you were really interested in or passionate about?

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4. What conversation would keep you talking late into the night?

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**At this point, if you are able to describe your Passion in a word or brief sentence, go to Item 10 of this assessment and do so. If you would like more clarification, consider the following statements.**

5. What I would most like to do for others is:

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6. The people I would like to help most are:

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|--|---|---|
| <input type="checkbox"/> Infants       | <input type="checkbox"/> Children       | <input type="checkbox"/> Youth            |
| <input type="checkbox"/> Teen Moms     | <input type="checkbox"/> Single Parents | <input type="checkbox"/> College Students |
| <input type="checkbox"/> Divorced      | <input type="checkbox"/> Widowed        | <input type="checkbox"/> Singles          |
| <input type="checkbox"/> Career Women  | <input type="checkbox"/> Young marrieds | <input type="checkbox"/> Refugees         |
| <input type="checkbox"/> Parents       | <input type="checkbox"/> Empty nesters  | <input type="checkbox"/> Homeless         |
| <input type="checkbox"/> Unemployed    | <input type="checkbox"/> Elderly        | <input type="checkbox"/> Disabled         |
| <input type="checkbox"/> Prisoners     | <input type="checkbox"/> Poor           | <input type="checkbox"/> Hospitalized     |
| <input type="checkbox"/> Others: _____ |   |   |

7. The issues or causes I feel strongly about are:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Abortion               | <input type="checkbox"/> Addictions        | <input type="checkbox"/> Child Care    |
| <input type="checkbox"/> Community Outreach     | <input type="checkbox"/> Construction Help | <input type="checkbox"/> Discipleship  |
| <input type="checkbox"/> Education              | <input type="checkbox"/> Environment       | <input type="checkbox"/> Family        |
| <input type="checkbox"/> Health Care            | <input type="checkbox"/> Human Trafficking | <input type="checkbox"/> Hunger        |
| <input type="checkbox"/> Injustice              | <input type="checkbox"/> International     | <input type="checkbox"/> Literacy      |
| <input type="checkbox"/> Loneliness             | <input type="checkbox"/> Mental Health     | <input type="checkbox"/> Poverty       |
| <input type="checkbox"/> Racism                 | <input type="checkbox"/> Reaching the Lost | <input type="checkbox"/> Relationships |
| <input type="checkbox"/> Sexual Assault Victims | <input type="checkbox"/> Technology        | <input type="checkbox"/> Violence      |
| <input type="checkbox"/> Others: _____          |  |  |

8. The following exercise may help you uncover a theme from your experience which will give you insight into your Passion.

List the top five to seven positive experiences you've had in your life and briefly describe what you did and why it was meaningful to you.

These experiences may have taken place at home, work, school, or during your free time. It may have been a clock you fixed or a dress you made. It may have been a puzzle you put together or an award you received. It may have been helping some friends move, building a house, winning an election, or giving to someone in need. Remember, these are experiences that you enjoyed doing and felt fulfilled.

Five to Seven Positive Experiences	Why This Experience Is Meaningful To Me
A.	
B..	
C.	
D.	
E.	
F.	
G.	

Next look through what you have written and look for an underlying theme. If one or two come to mind, write them in the space below.

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## SUMMARY

9. I think the area where I could make the most significant contribution is:

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If you need more help in identifying your Passion, look for patterns in your answers. For example, can you see any themes? Does a particular age group keep coming up? Is there a need that keeps surfacing? Are you serving in a similar role in different areas? Can you prioritize your concerns?

## CONCLUSION

10. Based on my answers to the above questions, I sense I have a Passion for:

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**Fill in the bottom half of this page, tear it off and return it to the Church office.**

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

## CONCLUSION

Based on my answers to the above questions, I sense I have a Passion for:

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