



Volunteer Skills Assessment

Name: _____

(print)

Gender: (circle one) F M Age: _____

Phone: _____ E-mail: _____

Use the following scale to specify your skill level for assignment to a team. You must put a number next to each item listed.

N	No Skill or cannot/will not participate
1	Have not done, but willing to try/learn
2	Have done, but need guidance
3	Can do well independently
4	Can do well and guide others
5	Work in this trade

- | | |
|---|---|
| _____ Lead work crew? (Y/N) | _____ Window installation |
| _____ Debris removal | _____ Door installation |
| _____ Heavy lifting (Y/N) | _____ Cabinet installation |
| _____ Foundation/ concrete | _____ Flooring (Vinyl, carpet, etc.) |
| _____ Tear out drywall, floors | _____ Tile (ceramic, etc.) |
| _____ Framing carpentry | _____ Masonry |
| _____ Finish Carpentry | _____ (block, brick, plaster, veneer stone) |
| _____ Electrical | _____ Priming/Painting |
| _____ Plumbing | _____ Roofing |
| _____ HVAC | _____ Landscaping |
| _____ Insulation | _____ Fencing (chain-link, Vinyl, etc.) |
| _____ Drywall hanging | _____ Cook |
| _____ Drywall finishing | _____ Pastor |
| _____ Siding (cedar, Hardy-board, etc.) | _____ VBS, Youth Interaction |
| _____ Siding (vinyl) | _____ Street Ministry, Handouts,
Surveying |

Any work restrictions: _____

Individual's tools availability: _____

