



SKILLS ASSESSMENT FORM
(Please have each team member complete form)

Return to Your Assigned Station 2 Weeks Prior to Reporting to Work!

TEAM LEADER _____

GROUP _____

DATES WORKING _____

RECOVERY STATION _____

To use your time and talents to the greatest benefit while you are volunteering, please indicate which of the following skills you have and also the level of skill you have by using the following chart.

- 0 = I am unable to do, or am not interested.
- 1 = I don't know how, but am willing to learn or try.
- 2 = I have done it before, but still need help to do.
- 3 = I can do a good job by myself.
- 4 = I can do a good job, and can guide or teach others.

0 1 2 3 4 (Level) Please list the number of volunteers under each skill level.

- _____ Carpenter
- _____ Clean up worker
- _____ Clerical
- _____ Computer Skills
- _____ Contractor...I hold a license in the state of _____
- _____ Drywall Hanger
- _____ Drywall Finisher
- _____ Egress Window
- _____ Electrician.....I hold a license in the state of _____
- _____ Flooring – Carpet
- _____ Flooring – Underlay
- _____ Flooring – Vinyl
- _____ Framing
- _____ Insulation
- _____ Mason
- _____ Painter
- _____ Plumber....I hold a license in the state of _____
- _____ Roofer

Other skills/comments:
