

Volunteer Skills Assessment

Name: _____

Please rank only those skills that apply to you by writing the number in the space provided.

1. Can work only with close guidance of a skilled person.
2. Can work alone, but with some guidance.
3. Can work confidently and independently in this area.
4. Skilled in this area, can guide or teach others.
5. Licensed/Certified in this area or field.

Rank	Skill	Rank	Skill
	Bricklayer/Mason		Electrician – Wiring
	Building Estimator/Inspector		Hardwood Floor Installer
	Cabinet Installer		Heating & Cooling
	Carpenter – Finish		Home Builder
	Carpenter – General		Insulation Installer
	Carpenter – Rough-in/Framer		Laminate Floor Installer
	Carpet Installer		Muck out/gut out
	Ceramic Tile Installer		Painter
	Concrete Worker		Plumber - Supply/Drain Lines
	Counter Top Installer		Plumber - Toilet/Shower/Tub Install
	Damage Assessment		Roofer
	Doors Installer		Structural Engineering
	Drywall Hanger		Siding Installer
	Drywall Taper		Vinyl Floor Installer
	Drywall Texturer		Windows Installer
	Electrician – Fixture Installation		

Have you had: (Y or N)

- | | |
|--|--|
| <input type="checkbox"/> ERT training | <input type="checkbox"/> CPR Training |
| <input type="checkbox"/> UMVIM Team Leader training | <input type="checkbox"/> Search and Rescue |
| <input type="checkbox"/> Mini Muck Out training | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> First Aid training | <input type="checkbox"/> Firefighter |
| <input type="checkbox"/> MD/Medical, nurse, mental health certification? | |
| Area of specialty _____ | |

Other Areas of Expertise: (Y or N)

- Public Relation
- Spiritual Counseling. Type: _____
- Auto repair
- Supervising and management. Please explain: _____
- _____

Other Skills:

Personal Ability Assessment

Do you have claustrophobia, difficulty being in tight spaces? _____

Are you able to lift up to 50 lbs. unassisted? _____

Do you have COPD, asthma, or breathing difficulties? _____

Are you allergic or react to mold? _____

Are you allergic or do you have reactions to insect bites/stings? _____

Do you have any physical limitations that would prevent you from accomplishing your assigned tasks? _____

Have you had a tetanus shot within the last 10 years? ___ If yes, when? _____

Do you have any physical condition(s) that would put you at risk in the disaster recovery area? If yes, please explain briefly. _____
