

Long Term Recovery Individual Volunteer Skill Form



Date: ____/____/____

First Name: _____ Last Name: _____

Age: _____ (team members must be 14 and older)

Member of Team/Church: _____

Arrival Date: _____ Departure Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (____) _____ Cell (____) _____

Email: _____ (please write clearly)

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 using the following chart.

Skill Level

Skill

- _____ Architect
- _____ Carpenter (General)
- _____ Carpenter (Framing)
- _____ Carpenter (Trim)
- _____ Clean-up worker
- _____ Concrete
- _____ Contractor..... I hold a license in the state of _____
- _____ Drywall hanger
- _____ Drywall finisher (taper)
- _____ Egress Window
- _____ Electrician..... I hold a license in the state of _____
- _____ Engineer
- _____ Flooring-Carpet
- _____ Flooring-Underlay
- _____ Flooring-Vinyl
- _____ Heating/cooling..... I hold a license in the state of _____
- _____ Heavy equipment operator _____
- _____ Insulation
- _____ Mason
- _____ Painting
- _____ Plumbing..... I hold a license in the state of _____
- _____ Roofer Shingle _____ Metal _____
- _____ Other: _____

0 = I am unable to do or am not interested in this skill
 1= I don't know how but am willing to learn/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/teach others