

Christ Lutheran Share the Care

SKILLS ASSESSMENT FORM (submit to Care Ministry)				
Name:	Address: Street	City:	Zip:	
Cell phone:	Home phone:	Work phone:		
E-mail:	text yes ()	no ()	Occupation:	
Preferred form of Communication : <i>(check one please)</i>	Email	Home	Cel	work
YOUR LIMITS, STRENGTHS, AND WEAKNESSES				
Form is designed to find the right person for the job whenever possible.				
Where do you fit in when it comes to the following areas?				
Rate yourself on the following by checking the box that best describes you.				
IN DEALING WITH	I'M TERRIFIC	I'M GOOD	I'M FAIR	NOT GIFTED
Oragnize paperwork				
Technology				
Coordinating				
Research				
Finding solutions to problems				
Asking questions				
Hospitals				
Insurance forms				
Talking to doctors				
Needles / Blood				
Driving				
Physical tasks/Hands on Care				
Cooking special foods				
Cooking				
Young children				
Teenagers				
Make appointments				
Shopping (grocery)				
Shopping (personal items)				
Hiring help				
Firing help				
Housecleaning				
Listening				
Moving / Lifting				
Repairs				
Pets				
Yardwork				
Emergencies				
<i>(add more below)</i>				