

Community Care & Activation Assessment

_____	_____	_____
Name	Home/Cell Phone	email
_____		_____
Street Address		State ZIP
_____	_____	_____
Person(s) living in your home	Phone	email
_____	_____	_____
Person(s) living in your home	Phone	email
_____	_____	_____
Person(s) living in your home	Phone	email
_____	_____	_____
Person(s) living in your home	Phone	email
_____	_____	_____
Person(s) living in your home	Phone	email

Medical Issues/Daily Medicine _____

Education/Work Experience _____

Hobbies/Interests _____

Someone living close to you that may be willing to check on you _____ # _____

Family member or friend not living with you _____ # _____

Skills Assessment

Medical: Basic First Aid _____; CPR _____ Advanced First Aid (explain type of skills/certification) _____

Safety/ Security: Fire Fighter / Safety _____; Law enforcement _____; Self-Defense _____

Chaplaincy: Have you completed advance Chaplaincy training? _____ Are you ordained? _____

Kitchen: Food Handler Certification? _____; Dietitian _____; Chef _____

Commercial kitchen experience _____

Homestead: Canning _____; Dehydrating _____; Preserving meats _____; Bread _____;

Wild game _____; Long term food storage _____; Cooking outdoors _____ Hunting/Fishing _____

Sewing/Knitting/Fabric Making _____ Water Source/Storage _____ Crafts _____

Gardening _____ Herbalist _____ BeeKeeping _____ Animal Husbandry _____

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Communications: Basic radio skills? _____; HAM radio license _____ level _____
CB radio / FRS/ GMRS _____; Do you speak other languages? _____(List language (s) and level of fluency)
_____; Sign language? _____; Other skills _____

Technical Skills: ComputerTech _____ SoftwareProficiency _____;
Other _____

Mechanical Skills: Auto/Diesel _____; Generators _____
Chain saw _____; Electrical/Solar _____
Carpentry _____; Plumbing _____
Welding _____ Masonry _____; Engineering _____
Other _____

Transportation/Machinery: CDL _____ Vehicles do you have experience driving? _____
_____;
Heavy equipment _____;
Are you licensed on any heavy equipment? _____;
Other _____

People Skills: Teaching or Training Others _____ Ages /Grades _____
Leadership/Manager/Coach/Counselor _____
Elderly/Handicapped/Disabled _____ Sports/Games/Entertainment _____

Ministry Skills/History: Worship leader _____ (instrument(s) you lead on) _____
Musical skills (singer, musician) _____
Sound systems/sound board _____ Are you familiar with prophetic singing? _____
Ministry Gifting/Experience _____

Sharing: Number of additional people that could sleep comfortably in your home for an extended time _____
Tools, machinery, vehicles, appliances _____

Land/Farm Land/ Storage Buildings/Houses _____
Access to building materials(sand, stone, lumber, paint, compost material, 55gal drums, other) _____
