

Community Care & Activation Assessment

Name Home/Cell Phone email

Street Address State ZIP

Please Include ages for children under 18

Person(s) living in your home Phone email

Person(s) living in your home Phone email

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Person(s) living in your home Phone email

Education/Work Experience _____

Hobbies/Interests _____

Someone living close to you that can 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 _____

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 _____ Bee Keeping _____ Animal Husbandry _____

Vetnarian _____

Communications: Basic radio skills? _____; HAM radio license _____ Level _____

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CB radio / FRS/ GMRS _____; Do you speak other languages? _____(List language (s) and level of fluency)

_____ ; Sign language? _____ ; Other skills _____

Technical Skills: ComputerTech _____ Software Proficiency _____

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 _____

_____ Ordained/State _____

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) _____

Medical Issues/ Daily Medicine _____
