Coastal Bend Disaster Recovery Group
Volunteer Team Skills Assessment

Work Site: _____ Group Name: _____ Hometown: _____ Number and Type of Vehicles: _____

Team Leader: _____ Leader's Cell: _____ Stay Dates: _____ Work Dates: _____

Please have each team member specify skills according to the following levels:
1= haven't done yet but willing to try **2**= have done but need guidance **3**= can do well independently **4**= can do well and guide others **5**= working in trade

	Full Name	Gender	Age	Lead work crew? (y/n)	Debris Removal	Heavy Lifting	Foundation	Tear out drywall, floors	Framing Carpentry	Finish Carpentry	Electrical	Plumbing	HVAC	Insulation	Drywall Hanging	Drywall Finishing	Siding	Window Installation	Door Installation	Cabinet Installation	Flooring: vinyl, etc.	Tile: ceramic, etc.	Mason: brick/plaster	Priming/Painting	Roofing	Landscaping	Pastor	Cook	First Aid/CPR Skills
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