# Capacity Assessment – Detailed

|  |
| --- |
| NAME OF CHURCH |
| MY NAME |
| **Gifts and Skills** | **I have** | **I can teach to others** | **I want to learn** | **Comments** |
| Child care |  |  |  |  |
| Cooking |  |  |  |  |
| Cooking for large groups |  |  |  |  |
| Catering |  |  |  |  |
| Carpentry |  |  |  |  |
| Gardening |  |  |  |  |
| Painting |  |  |  |  |
| Electrical work |  |  |  |  |
| Plumbing |  |  |  |  |
| Nursing |  |  |  |  |
| Caring for older people |  |  |  |  |
| Mentoring children |  |  |  |  |
| Mentoring youth |  |  |  |  |
| Desk top publishing |  |  |  |  |
| Word processing |  |  |  |  |
| Drawing and art work |  |  |  |  |
| Coordinating volunteers |  |  |  |  |
| Distributing newsletter |  |  |  |  |
| Managing social media groups |  |  |  |  |
| Playing sports (which ones) |  |  |  |  |
| Coaching sports (which ones) |  |  |  |  |
| Office work |  |  |  |  |
| House maintenance work |  |  |  |  |
| Yard work |  |  |  |  |
| Appliance repair |  |  |  |  |
| Singing, playing music |  |  |  |  |
| Art and craft work |  |  |  |  |
| Telephone calling |  |  |  |  |
| Knitting and crochet |  |  |  |  |
| Sewing |  |  |  |  |
| Hair cutting, braiding |  |  |  |  |
| Starting my own business |  |  |  |  |
| Transportation for adults |  |  |  |  |
| Transportation for children |  |  |  |  |
| Driving truck of bus |  |  |  |  |
| Organizing supplies or stock |  |  |  |  |
| Working in a shop |  |  |  |  |
| Writing reports |  |  |  |  |
| Keeping financial accounts |  |  |  |  |

|  |
| --- |
| **CONNECTIONS I HAVE INSIDE AND OUTSIDE MY COMMUNITY** |
| Organisation Type | Name of organization/groupindividual | What I am already doing | I would like to do more | I want to know more about |
| Churches |  |  |  |  |
| Schools |  |  |  |  |
| Neighbourhood Associations |  |  |  |  |
| Youth Programs |  |  |  |  |
| Community Groups |  |  |  |  |
| Social Services |  |  |  |  |
| Council Members |  |  |  |  |
| Council Departments |  |  |  |  |
| Sporting Clubs |  |  |  |  |
| Other |  |  |  |  |

If I could do anything for my community I would:

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Information:

Preferred Phone:

Email: