

Capacity Inventory of Individuals

Part I. – Skills Information

Please indicate which of the following skills you have. These talents and skills that you have developed from training or from experiences that you have had at home, at church, at work, or in community activities. If you don't have this skill, or would like to receive additional training in this area, please place a checkmark under the "Want to learn this skill" column.

HEALTH	Place a checkmark (✓) by those skills that you have	Place a checkmark (✓) if you want to learn this skill
Caring for the Elderly		
Caring for the Mentally Ill		
Caring for the Sick		
Caring for the Physically or Developmentally Challenged Individuals		
OFFICE		
Typing (words per minute _____)		
Operating an adding machine or calculator		
Working with office files		
Taking phone messages		
Writing business letters (not typing)		
Receiving phone orders		
Operating several phone lines		
Keeping track of supplies		
Shorthand or speedwriting		
Bookkeeping		
Entering information into a computer spreadsheet		
Preparing computer graphics		
Word processing		
CONSTRUCTION AND REPAIR		
Painting		
Home construction or repair		
Tearing down buildings		
Knocking out walls		
Wall papering		
Furniture repairs		
Furniture refinishing		
Repairing locks		
Building garages		
Bathroom modernization		
Building room additions		
Tile work		
Installing drywall and taping		
Plumbing repairs		
Electrical repairs		
Bricklaying and masonry		
Cabinet making		

CONSTRUCTION AND REPAIR (continued)	Place a checkmark (✓) by those skills that you have	Place a checkmark (✓) if you want to learn this skill
Kitchen modernization		
Furniture making		
Installing insulation		
Soldering and welding		
Concrete work (sidewalks)		
Installing floor coverings		
Heating/cooling system installation		
Installing windows		
Building swimming pools		
Carpentry skills		
Roofing installation or repair		
MAINTENANCE		
Window washing		
Floor waxing and mopping		
Washing and cleaning carpets/rugs		
Routing clogged drains		
Using a handtruck in business		
Caulking		
General household cleaning		
Fixing leaky faucets		
Mowing lawns		
Pruning trees and shrubbery		
Cleaning/maintaining swimming pools		
Floor sanding and stripping		
Wood floor stripping/refinishing		
FOOD		
Catering		
Serving food to large numbers of people (over 10)		
Preparing meals for large numbers of people (over 10)		
Clearing/setting tables for large numbers of people (over 10)		
Washing dishes for large numbers of people (over 10)		
Operating commercial food preparation equipment		
Meat cutting		
Baking		
CHILD CARE		
Caring for infants (0 to 1)		
Caring for toddlers (1-3 years of age)		
Caring for pre-school children (3-5 years of age)		
Caring for children 5 to 11 years of age		
Taking children on field trips		

TRANSPORTATION	Place a checkmark (✓) by those skills that you have	Place a checkmark (✓) if you want to learn this skill
Driving a van	_____	_____
Driving a bus	_____	_____
Driving a tractor trailer	_____	_____
Driving a commercial truck	_____	_____
Driving a vehicle to deliver goods	_____	_____
Hauling	_____	_____
Operating farm equipment	_____	_____
Driving an ambulance	_____	_____
REPAIRING MACHINERY		
Repairing radios, TVs, VCRs, Tape Recorders, CD players	_____	_____
Repairing small appliances	_____	_____
Repairing automobiles	_____	_____
Repairing trucks/buses	_____	_____
Auto body repairs	_____	_____
Repairing large household appliances (such as a refrigerator, washer/dryer)	_____	_____
Repairing heating and air conditioning system	_____	_____
SUPERVISION		
Writing reports	_____	_____
Filling out forms	_____	_____
Planning work for other people	_____	_____
Developing a budget	_____	_____
Keeping records of activities	_____	_____
Interviewing people	_____	_____
SALES		
Operating a cash register	_____	_____
Selling wholesale products or manufacturing products (if YES, which products? _____)	_____	
Selling products retail (if YES, which products? _____)	_____	
Selling services (if YES, which services? _____)	_____	
<i>How have you sold these products Or services?</i>		
<ul style="list-style-type: none"> ▪ Door to Door ▪ Telephone ▪ Mail ▪ Store ▪ From home 	_____ _____ _____ _____ _____	

MUSIC	Place a checkmark (✓) by those skills that you have	Place a checkmark (✓) if you want to learn this skill
Singing		
Play an instrument (which Instrument? _____)		
OTHER SKILLS		
Upholstering		
Sewing		
Dressmaking		
Knitting		
Tailoring		
Moving furniture or equipment to different locations		
Managing property		
Assisting in the classroom		
Tutoring students		
Hair dressing		
Hair cutting		
Phone surveys		
Jewelry and watch repair		

<p>Are there other skills that you have that hasn't been listed here? If YES, what are those skills? Just write them on the following lines.</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p>	
---	--

PRIORITY SKILLS

1. Given everything you have checked in the *Capacity Inventory*, what three things would you say you do best? Please list them.
 - A. _____
 - B. _____
 - C. _____

2. Which of all of your skills are good enough that other people would hire you to do them?
 - A. _____
 - B. _____
 - C. _____

3. Are there any skills that you have that you could teach to others?
 - A. _____
 - B. _____
 - C. _____

PRIORITY SKILLS (continued)

- 4. What skills would you most like to learn?
 - A. _____
 - B. _____
 - C. _____

PART II. – COMMUNITY SKILLS

Have you ever organized or participated in any of the following community activities? Please place a checkmark (✓) by those activities that you have been involved in.

- Boy Scouts/Girl Scouts _____
- Hobby clubs _____
- Coached or assisted a sports team _____
- Church fundraisers _____
- Parent-Teacher Associations or Organizations _____
- Camp trips for kids _____
- Field trips _____
- Worked on political campaigns _____
- Neighborhood clubs or programs _____
- YMCA/YWCA or 4-H programs _____
- Religious organization _____
- Civic or service clubs _____
- Veterans organizations _____
- Participated in community improvement activities _____
- Worked in support or opposition of a local issue _____

PART III. – ENTERPRISING INTERESTS AND EXPERIENCE

Business Interest

- 1. Have you ever considered starting a business?
 - _____ NO (if NO, skip to the next section on business activity)
 - _____ YES (if YES, what kind of business? _____)

2. Did you plan to start it alone or with other people?

ALONE
 WITH OTHERS

3. Did you plan to operate it out of your home?

NO
 YES

4. What obstacles are keeping you from starting this business?

Business Activity

1. Are you currently earning money on your own through the sale of services or products?

NO
 YES (If YES, what are the services or products you sell? _____)

2. To whom do you sell these services or products?

3. How do you get customers?

4. What would help you improve your business?

PART IV. – PERSONAL INFORMATION

Name: _____

Address: _____

Phone: _____

Year of Birth: _____

Sex: FEMALE MALE

Number of years you've lived in the community: _____