



CITY OF THE COLONY
COMMUNITY IMAGE DEPARTMENT
**THE VOLUNTEER ASSISTANCE PROGRAM
ORGANIZATIONAL ASSESSMENT FORM**

In order to support the Volunteer Assistance Program further, we ask that you fill out this questionnaire regarding the knowledge, skills, and abilities of your organization.

1.) Of the trades listed below, check those your membership has experience in.

<input type="checkbox"/>	Electrical
<input type="checkbox"/>	Mechanical (heating and air)
<input type="checkbox"/>	Plumbing
<input type="checkbox"/>	Carpentry
<input type="checkbox"/>	Other

If other, please explain: _____

2.) Of the activities below, check those your membership has experience in and/or could perform.

<input type="checkbox"/>	Painting
<input type="checkbox"/>	Roofing
<input type="checkbox"/>	Fencing
<input type="checkbox"/>	Yard Work
<input type="checkbox"/>	Housekeeping
<input type="checkbox"/>	Other

If other, please explain: _____

3.) Does your membership have access to equipment in the areas listed below?

