

Volunteer Self-Assessment of Skills Form

Name: _____

Please tick the box that best reflects your relevant skills

COMMUNICATION

ORGANISATION

Oral Presentation	<input type="checkbox"/>	Events	<input type="checkbox"/>
Telephone	<input type="checkbox"/>	Conference	<input type="checkbox"/>
Writing Skills	<input type="checkbox"/>	Workshop	<input type="checkbox"/>
Lecturing/Teaching	<input type="checkbox"/>	Seminar	<input type="checkbox"/>
Mentoring	<input type="checkbox"/>		

MEDIA

INFORMATION TECHNOLOGY

Public Relation	<input type="checkbox"/>	Words	<input type="checkbox"/>
Radio Interview	<input type="checkbox"/>	Excel	<input type="checkbox"/>
Promotion	<input type="checkbox"/>	Access	<input type="checkbox"/>
Graphic/Designs	<input type="checkbox"/>	Power Point	<input type="checkbox"/>
Publishing	<input type="checkbox"/>	Publisher	<input type="checkbox"/>
Marketing	<input type="checkbox"/>	Front Page Networking	<input type="checkbox"/>
		PC Maintenance/Tutoring	<input type="checkbox"/>

MANAGEMENT

FINANCE

Project	<input type="checkbox"/>	Fund Raising	<input type="checkbox"/>
HR	<input type="checkbox"/>	Book Keeping	<input type="checkbox"/>

Please state any other skills you may have, that are not listed above.

Can we access any of your key skills? Yes No

If yes, how many hours per week/month can you spare, to work on projects?

Declaration

I will commit a total of _____ hours per week month

Signed _____

Date _____