

SKILLS ASSESSMENT

Participant Name _____

Please rate on a scale of 1-5 (1 being little to no proficiency and 5 being great proficiency) your abilities in the following areas.

This will help us to assign you to a site that you will be comfortable working at while giving you the ability to test boundaries and get the most out of your experience.

Painting _____

Roofing _____

Drywall _____

Demolition _____

Windows _____

Tiling _____

Wood Floors _____

Carpentry _____

Gardening _____

Heights _____

Thanks.

Steve, Theresa, Brad and Tony