



CITY OF THE COLONY  
NEIGHBORHOOD ENHANCEMENT PROGRAM  
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?

<input type="checkbox"/>	Lawn Care
<input type="checkbox"/>	Home Building
<input type="checkbox"/>	Housekeeping
<input type="checkbox"/>	Other

If other, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.) What day(s) would your membership most likely be available?

<input type="checkbox"/>	Monday
<input type="checkbox"/>	Tuesday
<input type="checkbox"/>	Wednesday
<input type="checkbox"/>	Thursday
<input type="checkbox"/>	Friday
<input type="checkbox"/>	Saturday
<input type="checkbox"/>	Sunday
<input type="checkbox"/>	Weekends

5.) Are there any special considerations we should be aware of? If so, list them below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6.) List any other knowledge, skills, and abilities your membership possesses that you feel would contribute to the mission of the Volunteer Assistance Program.

\_\_\_\_\_  
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