

Skills and Capacity Survey

My name is _____, what is your name?

Thank you for taking the time to complete this survey with me! Our group believes that everyone has talents and gifts that can be used to benefit the community. I'd like to spend a few minutes talking to you about your gifts and skills.

GIFTS

1. What positive qualities do people say you have?
2. Who are the people in your life that you give to? In what ways did you like give it to them?
3. When was the last time you shared with someone else? What was it?
4. What do you give that makes you feel good?

SKILLS

1. What do you enjoy doing?
2. If you could start a business, what would it be?
3. What do you like to do that people would pay you to do?
4. Have you ever made anything? Have you ever fixed anything?

PASSIONS & INTEREST

1. What are you passionate about?
2. Share something you have always been interested in doing but just haven't?
3. If you could snap your fingers and be doing anything, what would it be?
4. What are your dreams?

REALATIONSHIPS & CONNECTIONS

1. Can you list some relationships in your neighborhood, community, and beyond – people you can ask to get things done?
2. Do you currently volunteer with a Community Agency or organization?
3. Have you ever volunteered with a Neighborhood, Community, City/County Governmental or Faith-Based Agency?