

Personal Skills and Services

Please rate skills on a scale of 1 to 5 (5 being the most skilled)

Architect	1	2	3	4	5	Art-Layout-Design	1	2	3	4	5
Air Conditioning	1	2	3	4	5	Bookeeping	1	2	3	4	5
Aluminum/Vinyl Siding	1	2	3	4	5	Cleaning	1	2	3	4	5
Blocklayer	1	2	3	4	5	Cooking	1	2	3	4	5
Bricklayer	1	2	3	4	5	Dishwashing	1	2	3	4	5
Cabinetmaker	1	2	3	4	5	First Aid	1	2	3	4	5
Carpenter	1	2	3	4	5	First Aid - CPR function	1	2	3	4	5
Cement Worker	1	2	3	4	5	Journalist	1	2	3	4	5
Cement Finisher	1	2	3	4	5	Laundry	1	2	3	4	5
Computer Hardware	1	2	3	4	5	General Office Work	1	2	3	4	5
Computer Software	1	2	3	4	5	Photographer	1	2	3	4	5
Electrician	1	2	3	4	5	Sewing	1	2	3	4	5
Engineer (specify below)	1	2	3	4	5	Typing	1	2	3	4	5
Framing (including layout)	1	2	3	4	5	Other	1	2	3	4	5
Heating	1	2	3	4	5		1	2	3	4	5
Iron Worker	1	2	3	4	5		1	2	3	4	5
Mechanic	1	2	3	4	5	Personal Evangelist	1	2	3	4	5
Painter	1	2	3	4	5	Play Instrument	1	2	3	4	5
Plumber	1	2	3	4	5	Preacher	1	2	3	4	5
Roofing (specify below)	1	2	3	4	5	Singer	1	2	3	4	5
Supervisor/Leadership	1	2	3	4	5	Teacher	1	2	3	4	5
Welder	1	2	3	4	5	VBS Worker	1	2	3	4	5
Other	1	2	3	4	5	Other	1	2	3	4	5
	1	2	3	4	5		1	2	3	4	5
	1	2	3	4	5		1	2	3	4	5
	1	2	3	4	5		1	2	3	4	5
Additional details, comments or remarks: _____											



Do you have a fear of heights, step ladders, scaffolding, or other fears? If so, please explain. We do not wish to place an individual in a work situation where they are uncomfortable or may be placed in inappropriate danger.

Are there any food or diet considerations we should know about you? If you have dietary considerations because of choice, such as a vegetarian, please let us know.

Are there any foods you would like considered for the trip? This will assist in menu preparation and determining food items that may be taken along.

Please tell us of any physical conditions the team/leaders should be aware of that may affect your work. (Joint problems, limitations, exposure to sun, heat, medications, etc.)

What are some of your expectations from the trip?

How do you feel you can be used most effectively on the trip? Remember, the focus of the trip is to help our brothers and sisters in Christ with a project.

HEALTH QUESTIONNAIRE



Team Coordinator: *Belinda Cook*

Please photocopy and distribute to all team members.

Please place a check mark beside any of the health conditions that you may have at the present time or have had in the past. It is important that your team coordinator be aware of any medical problems that may arise while on the trip. Please use the comment space below to add any existing conditions that may not be itemized. Preexisting conditions are not covered by the W&W Insurance policies.

HEART

- Heart Surgeries
- Bypasses
- Heart Medication
- Pacemaker
- High blood pressure

LUNGS

- Asthma
- Emphysema
- High Altitudes

DIET

- Diabetes
- Prescribed insulin
- Hypoglycemia
- Diet restrictions

OTHER

- Allergies -list
- Phobias (heights, crowds, etc.)
- Epilepsy
- Other Medications (sulfa etc..)
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COMMENTS

(Please include any health conditions that your team leader should be aware of in case of any emergencies and any list medications you will be taking with you.)