

## Capacity Inventory of Individuals

### Part I. – Skills Information

Please indicate which of the following skills you have. These talents and skills that you have developed from training or from experiences that you have had at home, at church, at work, or in community activities. If you don't have this skill, or would like to receive additional training in this area, please place a checkmark under the "Want to learn this skill" column.

<b>HEALTH</b>	<b>Place a checkmark (✓) by those skills that you have</b>	<b>Place a checkmark (✓) if you want to learn this skill</b>
Caring for the Elderly	_____	_____
Caring for the Mentally Ill	_____	_____
Caring for the Sick	_____	_____
Caring for the Physically or Developmentally Challenged Individuals	_____	_____
<b>OFFICE</b>		
Typing (words per minute _____)	_____	_____
Operating an adding machine or calculator	_____	_____
Working with office files	_____	_____
Taking phone messages	_____	_____
Writing business letters (not typing)	_____	_____
Receiving phone orders	_____	_____
Operating several phone lines	_____	_____
Keeping track of supplies	_____	_____
Shorthand or speedwriting	_____	_____
Bookkeeping	_____	_____
Entering information into a computer spreadsheet	_____	_____
Preparing computer graphics	_____	_____
Word processing	_____	_____
<b>CONSTRUCTION AND REPAIR</b>		
Painting	_____	_____
Home construction or repair	_____	_____
Tearing down buildings	_____	_____
Knocking out walls	_____	_____
Wall papering	_____	_____
Furniture repairs	_____	_____
Furniture refinishing	_____	_____
Repairing locks	_____	_____
Building garages	_____	_____
Bathroom modernization	_____	_____
Building room additions	_____	_____
Tile work	_____	_____
Installing drywall and taping	_____	_____
Plumbing repairs	_____	_____
Electrical repairs	_____	_____
Bricklaying and masonry	_____	_____
Cabinet making	_____	_____

<b>CONSTRUCTION AND REPAIR (continued)</b>	<b>Place a checkmark (✓) by those skills that you have</b>	<b>Place a checkmark (✓) if you want to learn this skill</b>
Kitchen modernization	_____	_____
Furniture making	_____	_____
Installing insulation	_____	_____
Soldering and welding	_____	_____
Concrete work (sidewalks)	_____	_____
Installing floor coverings	_____	_____
Heating/cooling system installation	_____	_____
Installing windows	_____	_____
Building swimming pools	_____	_____
Carpentry skills	_____	_____
Roofing installation or repair	_____	_____
<b>MAINTENANCE</b>		
Window washing	_____	_____
Floor waxing and mopping	_____	_____
Washing and cleaning carpets/rugs	_____	_____
Routing clogged drains	_____	_____
Using a handtruck in business	_____	_____
Caulking	_____	_____
General household cleaning	_____	_____
Fixing leaky faucets	_____	_____
Mowing lawns	_____	_____
Pruning trees and shrubbery	_____	_____
Cleaning/maintaining swimming pools	_____	_____
Floor sanding and stripping	_____	_____
Wood floor stripping/refinishing	_____	_____
<b>FOOD</b>		
Catering	_____	_____
Serving food to large numbers of people (over 10)	_____	_____
Preparing meals for large numbers of people (over 10)	_____	_____
Clearing/setting tables for large numbers of people (over 10)	_____	_____
Washing dishes for large numbers of people (over 10)	_____	_____
Operating commercial food preparation equipment	_____	_____
Meat cutting	_____	_____
Baking	_____	_____
<b>CHILD CARE</b>		
Caring for infants (0 to 1)	_____	_____
Caring for toddlers (1-3 years of age)	_____	_____
Caring for pre-school children (3-5 years of age)	_____	_____
Caring for children 5 to 11 years of age	_____	_____
Taking children on field trips	_____	_____

<b>TRANSPORTATION</b>	<b>Place a checkmark (✓) by those skills that you have</b>	<b>Place a checkmark (✓) if you want to learn this skill</b>
Driving a van	_____	_____
Driving a bus	_____	_____
Driving a tractor trailer	_____	_____
Driving a commercial truck	_____	_____
Driving a vehicle to deliver goods	_____	_____
Hauling	_____	_____
Operating farm equipment	_____	_____
Driving an ambulance	_____	_____
<b>REPAIRING MACHINERY</b>		
Repairing radios, TVs, VCRs, Tape Recorders, CD players	_____	_____
Repairing small appliances	_____	_____
Repairing automobiles	_____	_____
Repairing trucks/buses	_____	_____
Auto body repairs	_____	_____
Repairing large household appliances (such as a refrigerator, washer/dryer)	_____	_____
Repairing heating and air conditioning system	_____	_____
<b>SUPERVISION</b>		
Writing reports	_____	_____
Filling out forms	_____	_____
Planning work for other people	_____	_____
Developing a budget	_____	_____
Keeping records of activities	_____	_____
Interviewing people	_____	_____
<b>SALES</b>		
Operating a cash register	_____	_____
Selling wholesale products or manufacturing products (if YES, which products? _____)	_____	
Selling products retail (if YES, which products? _____)	_____	
Selling services (if YES, which services? _____)	_____	
<i>How have you sold these products Or services?</i>		
<ul style="list-style-type: none"> <li>▪ Door to Door</li> <li>▪ Telephone</li> <li>▪ Mail</li> <li>▪ Store</li> <li>▪ From home</li> </ul>	_____ _____ _____ _____	

<b>MUSIC</b>	<b>Place a checkmark (✓) by those skills that you have</b>	<b>Place a checkmark (✓) if you want to learn this skill</b>
Singing	_____	_____
Play an instrument (which Instrument? _____)	_____	_____
<b>OTHER SKILLS</b>		
Upholstering	_____	_____
Sewing	_____	_____
Dressmaking	_____	_____
Knitting	_____	_____
Tailoring	_____	_____
Moving furniture or equipment to different locations	_____	_____
Managing property	_____	_____
Assisting in the classroom	_____	_____
Tutoring students	_____	_____
Hair dressing	_____	_____
Hair cutting	_____	_____
Phone surveys	_____	_____
Jewelry and watch repair	_____	_____

<p><b>Are there other skills that you have that hasn't been listed here? If YES, what are those skills? Just write them on the following lines.</b></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p>	
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**PRIORITY SKILLS**

1. Given everything you have checked in the *Capacity Inventory*, what three things would you say you do best? Please list them.
  - A. \_\_\_\_\_
  - B. \_\_\_\_\_
  - C. \_\_\_\_\_
  
2. Which of all of your skills are good enough that other people would hire you to do them?
  - A. \_\_\_\_\_
  - B. \_\_\_\_\_
  - C. \_\_\_\_\_
  
3. Are there any skills that you have that you could teach to others?
  - A. \_\_\_\_\_
  - B. \_\_\_\_\_
  - C. \_\_\_\_\_

**PRIORITY SKILLS (continued)**

- 4. What skills would you most like to learn?
  - A. \_\_\_\_\_
  - B. \_\_\_\_\_
  - C. \_\_\_\_\_

**PART II. – COMMUNITY SKILLS**

Have you ever organized or participated in any of the following community activities? Please place a checkmark (✓) by those activities that you have been involved in.

- Boy Scouts/Girl Scouts \_\_\_\_\_
- Hobby clubs \_\_\_\_\_
- Coached or assisted a sports team \_\_\_\_\_
- Church fundraisers \_\_\_\_\_
- Parent-Teacher Associations or Organizations \_\_\_\_\_
- Camp trips for kids \_\_\_\_\_
- Field trips \_\_\_\_\_
- Worked on political campaigns \_\_\_\_\_
- Neighborhood clubs or programs \_\_\_\_\_
- YMCA/YWCA or 4-H programs \_\_\_\_\_
- Religious organization \_\_\_\_\_
- Civic or service clubs \_\_\_\_\_
- Veterans organizations \_\_\_\_\_
- Participated in community improvement activities \_\_\_\_\_
- Worked in support or opposition of a local issue \_\_\_\_\_

**PART III. – ENTERPRISING INTERESTS AND EXPERIENCE**

***Business Interest***

- 1. Have you ever considered starting a business?
  - \_\_\_\_\_ NO (if NO, skip to the next section on business activity)
  - \_\_\_\_\_ YES (if YES, what kind of business? \_\_\_\_\_)

2. Did you plan to start it alone or with other people?

ALONE  
 WITH OTHERS

3. Did you plan to operate it out of your home?

NO  
 YES

4. What obstacles are keeping you from starting this business?

***Business Activity***

1. Are you currently earning money on your own through the sale of services or products?

NO  
 YES (If YES, what are the services or products you sell? \_\_\_\_\_ )

2. To whom do you sell these services or products?

3. How do you get customers?

4. What would help you improve your business?

**PART IV. – PERSONAL INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Year of Birth: \_\_\_\_\_

Sex:  FEMALE  MALE

Number of years you've lived in the community: \_\_\_\_\_