



Diaconal Out Reach Care and Service

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Participant

First Name: _____ Last Name: _____

Youth Participant Age: _____ Adult Participant Age: _____

Do you have a valid Driver's License? Yes No

License #: _____ State: _____

Do you have comprehensive auto insurance coverage? Yes No

Policy #: _____ Provider: _____

Day-to-Day Skills

- Implementing decisions
- Cooperating
- Enforcing policies
- Being punctual
- Managing time
- Attending to details
- Meeting goals
- Enlisting help
- Accepting responsibility
- Setting and meeting deadlines
- Organizing
- Making decisions

Building Skills

- Bricklaying
- Carpentry
- Decorating
- Demolition
- Dry-walling
- Electrical Wiring
- Framing
- Landscaping
- Maintenance
- Painting
- Plumbing
- Roofing

Previous Servant Event Experience

List other abilities or interests that may be helpful for this Servant Event

Special Needs (medical, diet, etc.)
