

New Hope Uganda Skills Assessment Form

Personal Information:

Team/Church: _____

Name: _____

Address: _____

Email: _____

Marital Status: _____ Spouse on Team: _____

Gender: _____

Age: _____

Food Allergies: _____

Education: _____

High School: _____

College: _____ Major/Degree: _____

Special Skills/Training: _____

Personal Interests: _____

Hobbies: _____

Church Involvement: _____

Significant Work Experience:

Position: _____

Summary of Experience: _____

Position: _____

Summary of Experience: _____

Position: _____

Summary of Experience: _____

Areas within Kasana you would be willing to help and/or what you would be interested in doing (please be specific):

Primary School: _____

Secondary School: _____

Clinic: _____

Baby House: _____

Construction: _____

Please complete and return to your team leader or email to:
teams@newhopeuganda.org