

APPLICANT SELF ASSESSMENT

NAME: _____

What community groups have you belonged to?

1. _____
2. _____
3. _____

What skills could you offer to a co-op? (tick all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Finance/Bookkeeping | <input type="checkbox"/> Gardening / working bees |
| <input type="checkbox"/> Computer Skills | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Running Meetings | <input type="checkbox"/> Writing Skills |
| <input type="checkbox"/> Other: _____ | |

How much time could you commit to co-op work or meetings? (tick all that apply)

- | | |
|---|-----------------------------------|
| _____ Hrs | I am usually available on ... |
| <input type="checkbox"/> Each Week | <input type="checkbox"/> Evenings |
| <input type="checkbox"/> Each Month | <input type="checkbox"/> Weekdays |
| <input type="checkbox"/> Every 3-4 months | <input type="checkbox"/> Weekends |

What type of groups most appeal to you? (tick all that apply)

- | | |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> Formal | <input type="checkbox"/> Social |
| <input type="checkbox"/> Relaxed | <input type="checkbox"/> Practical |
| <input type="checkbox"/> Efficient | <input type="checkbox"/> Creative |

What co-op skills do you most want to learn?

What benefits of co-op membership are most important to you?
