



Skills Assessment Survey

For Saugeen Hospice Inc. Volunteers

Name: _____

Please write a brief description of your experience in the space provided and rate your interest and experience in each section by circling one of the ratings.

Ratings: **V** = Very Experienced/Interested **M** = Minimal Experience/Interest **N** = No Experience/Interest

Written Description		Experience			Interest		
1	Board Development (recruiting, training, evaluating new Board members)	V	M	N	V	M	N
2	Strategic Planning (identifying long term needs, obstacles)	V	M	N	V	M	N
3	Financial Management (budgeting, accounting, financial planning and forecasting, spread sheet analysis, analysis of financial statements)	V	M	N	V	M	N
4	Risk Management (ensure safeguards on financial statement analysis, policies and procedures, monitor budgets and financial statements, ensure adequate insurance)	V	M	N	V	M	N
5	Information Technology (new forms of communications, Facebook, Instagram, Threads, etc)	V	M	N	V	M	N

	Written Description	Experience			Interest		
6	Communications (public media events, public speaking)	V	M	N	V	M	N
7	Fundraising and Special Events (planning, implementing, helping as a volunteer)	V	M	N	V	M	N
8	Administrative Support (office reception, data entry, etc)	V	M	N	V	M	N
9	Grant Writing	V	M	N	V	M	N
10	Legal Matters (MOH contract obligations, correspondence with lawyers, required reports, etc)	V	M	N	V	M	N
11	Bereavement	V	M	N	V	M	N