

# Life Skills Questionnaire

**In preparation for upcoming events and activities, we would like to learn about your unique skills and talents.**

Please complete the following questionnaire to help us learn about you. Your feedback is greatly appreciated and will be used to create a successful program for our families.

Check 3–5 of your greatest strengths listed below:

Skills	Strength
Working with Others	
Flexibility	
Short-term Planning	
Enthusiasm	
Creativity	
Money Management	
Food Management	
Cooking Skills	
Housekeeping	
Knowledge of Community Resources	
Emergency and Safety Knowledge	
Nutrition Knowledge	
Teach Physical Activities	

**Please answer the following questions:**

1. What are your hobbies? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Do you belong to any clubs, organizations or sports groups / recreation centers?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Do you speak more than one language? If yes, what?  
\_\_\_\_\_  
\_\_\_\_\_

4. What part of your job do you most enjoy doing? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_