

NOTE TO COORDINATOR:

- Use in first meeting
- Copy on blue-tinted paper
- Staple together with pages 2 (or Alternate 2), 3

Date: _____

INDIVIDUAL DATA FORM

Name _____

Address Street _____ Apt. _____

City _____ State _____ Zip _____

Home Phone: ()

Work Phone: ()

Other Phone: (weekend home) ()

Fax: ()

Cell: ()

E-mail: _____

Occupation: _____

Hobbies/skills: _____

Do you have a car? yes no If not, can you drive? yes no

Can you participate as a Share The Care member? yes no

If you feel you cannot participate as a Share The Care member, can you commit to being a free-floater? yes no

AVAILABILITY: Are there any days or specific hours when you know you would **NOT** be available? Please indicate in the chart below:

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
7:00 AM 12:00 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12:00 PM 5:00 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4:00 PM 8:00 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8:00 PM overnights until 7:00 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER: (Specific dates) Including Vacations

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INDIVIDUAL DATA FORM

YOUR LIMITS, STRENGTHS, AND WEAKNESSES

Date: _____

Name _____

This form is designed to try to find the right person for the job whenever possible.

Where do you fit in when it comes to the following areas?

Remember, it's okay not to like something or not to be good at another thing. Someone else in the group may like to do what you don't. Rate yourself on the following:

IN DEALING WITH:	I'M TERRIFIC	I'M GOOD	I'M FAIR	DON'T CALL ON ME
Homework	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Attending Performances / games	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Transport kids to social activities	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Preparing a meal / packing lunches	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Overnights	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fundrasing Planning	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fundraising Selling	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hanging Monkey during Weekdays	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Driving to John Hopkins for Clinical trial	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Research Chairlift	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Promoting Website online	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Creating Website	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Landscaping	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gardening	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hiring/ Firing Help	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maintaining Vehicles (oil/wash, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Doing House Saftey checklist	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Grocery Shopping with Erin	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Preparing meals elsewhere/ bring to Erin's	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Baby Care	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 How to Organize a Group to Care for Someone Who is Seriously Ill
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Name _____

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IN DEALING WITH:	I'M TERRIFIC	I'M GOOD	I'M FAIR	DON'T CALL ON ME
4:00pm-8:00pm weekday shift	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Weekend Hanging Monkey	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Internet Research	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Calls	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
On call for emergencies	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Snow Day/ Sick/ School Break Helper	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Housecleaning	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Yard Work	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Researching ALS Grants for kids	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Researching ALS for Erin	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Handling Donations	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Participating in group days (rake leaves)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Decorating for Holidays -undecorating too	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Decorating house for move in	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Help finishing basement	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Making treats for kids	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Erin Fun Days	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Drop off/ Pick up from Day care	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Driving to N.J. for treatment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Captain	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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INDIVIDUAL DATA FORM

YOUR LIMITS, STRENGTHS, AND WEAKNESSES

(page 3)

Name _____

In your own words, is there anything else that you want to tell us about what you like to do, are a 'star' at doing, don't want to do, or abhor.

I am truly great at:

I absolutely cannot deal with:

Special Skills and Hobbies: