

VOLUNTEER SKILLS ASSESSMENT		
NAME:	SQN #:	DATE:
Skill/Expertise/Knowledge/Qualifications	Check If Applies	How would you contribute your skills, experience or qualifications to the Air Cadet Program?
Administration	<input type="checkbox"/>	
Charity/Voluntary Organization Governance	<input type="checkbox"/>	
Conflict Resolution	<input type="checkbox"/>	
Customer Care	<input type="checkbox"/>	
Enterprise/Business Development	<input type="checkbox"/>	
Facilitating Meetings	<input type="checkbox"/>	
Finance	<input type="checkbox"/>	
Fundraising	<input type="checkbox"/>	
HR/Training/Recruitment	<input type="checkbox"/>	
Military Experience	<input type="checkbox"/>	
IT/Systems/Web Design	<input type="checkbox"/>	
Leadership	<input type="checkbox"/>	
Legal	<input type="checkbox"/>	
Aviation Experience	<input type="checkbox"/>	
Marketing	<input type="checkbox"/>	
People Management	<input type="checkbox"/>	
PR/Communications	<input type="checkbox"/>	
Project Management	<input type="checkbox"/>	
Property/Real Estate Experience	<input type="checkbox"/>	
Aviation Industry Related Experience	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	