

**Troup/Chambers County Habitat for Humanity
Volunteer Application**

Name_____

Address_____

City_____State_____Zip_____

Home Phone_____Work Phone_____

E-mail_____

Church Affiliation_____

Organization or Civic Affiliation_____

Do you have equipment that might be useful to Habitat? ___Yes

Please specify_____

Skills/Experience

Please check area(s) where you would like to volunteer. Indicate your skill level to the right of the checked item(s) (1) = highly/professionally skilled (2) = semi-skilled (3) = unskilled

CONSTRUCTION

- ___ Site Preparation ()
- ___ Foundation ()
- ___ Framing ()
- ___ Roofing ()
- ___ Plumbing ()
- ___ Electrical ()
- ___ Heating & AC ()
- ___ Porch & Deck ()
- ___ Insulation ()
- ___ Drywall ()
- ___ Painting ()
- ___ Cabinets ()
- ___ Flooring ()
- ___ Finish Carpentry ()
- ___ Appliance Installation ()
- ___ Siding ()
- ___ Driveway ()
- ___ Landscaping ()
- ___ House Leader ()
- ___ Crew Leader ()
- ___ Jack of all trades ()

NON-CONSTRUCTION

- ___ Public Relations ()
- ___ Grant Writing ()
- ___ Fund-raising ()
- ___ Data Entry ()
- ___ Typing ()
- ___ Filing ()
- ___ Phone Calling ()
- ___ Newsletter ()
- ___ Bookkeeping ()
- ___ Volunteer Recruitment ()
- ___ Public Speaking ()
- ___ Cooking for Workdays ()
- ___ Family Support ()
- ___ Other (Specify)

Committee Work

Please check if you are willing to serve on a committee.

- Church Relations
- Construction
- Corporate
- Family Selection
- Family Support

- Fund-raising
- Nominating
- Public Relations
- Site Selection
- Volunteer

Work/Time Preferences

Please indicate the shift(s) you are able to work.

Monday

- 8:30 am - 12:00 pm
- 12:30 pm - 4:00 pm

Tuesday

- 8:30 am - 12:00 pm
- 12:30 pm - 4:00 pm

Wednesday

- 8:30 am - 12:00 pm
- 12:30 pm - 4:00 pm

Thursday

- 8:30 am - 12:00 pm
- 12:30 pm - 4:00 pm

Friday

- 8:30 am - 12:00 pm
- 12:30 pm - 4:00 pm

Saturday

- 8:30 am - 12:00 pm
- 12:30 pm - 4:00 pm

Please indicate your level of commitment

- One time basis
- At least once a quarter
- Other(specify) _____
- At least once a month
- At least once a week

Mail completed forms to:

Troup/Chambers County Habitat for Humanity
P O Box 327
LaGrange, GA 30241

Health/Emergency Information

Your Name _____ Date ____ / ____ / ____

In case of emergency, please contact:

Name _____ Relationship _____

Address _____

City _____ State _____ Zip Code _____

Phone Day (____) _____ Night (____) _____

In case of an emergency, a hospital or medical practitioner not having access to your medical history may need the following information:

Allergies to medicine, food, etc _____

Medication being taken _____

Date of last tetanus shot _____

Physical impairments/special needs _____

Other _____

Personal Physician

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Day (____) _____ Night (____) _____

Personal Health Insurance Coverage

Company _____ Policy Number _____

Insurance Agent _____ Agent's Phone(____) _____