



Individual Volunteer Application

INDIVIDUAL INFORMATION

Please answer the following questions about you. You can use the back of this sheet if needed.

Please describe yourself:

Have you volunteered before? Yes No If so, please describe your experience?

Do you have any specialized skills, training, relevant licenses or certifications?

Yes No If yes, then what type?

Most of our projects are for people living in low-income communities. Do you work well in this environment? Yes No

Have you worked with the elderly before? Yes No

Do you have any specific hobbies and/or interests?

Projects vary in size and type. Please check your abilities and interests.

| | | | | | |
|-----------|--------------------------|-----------------|--------------------------|-----------------|--------------------------|
| Painting | <input type="checkbox"/> | Roofing | <input type="checkbox"/> | Facility | <input type="checkbox"/> |
| Sheetrock | <input type="checkbox"/> | Major Carpentry | <input type="checkbox"/> | Grounds | <input type="checkbox"/> |
| Plumbing | <input type="checkbox"/> | Minor Carpentry | <input type="checkbox"/> | Yard Work | <input type="checkbox"/> |
| | | Chore Services | <input type="checkbox"/> | Wheelchair Ramp | <input type="checkbox"/> |

When will you be available? _____

Would you be willing to make a pre-project visit? Yes No

Will you be able to contribute financially? Yes No

In case of an emergency, please complete information below:

Emergency Contact Person: _____ Relationship: _____

Contact Home Ph. Work Ph. Cell or Pager

Address

City State Zip Code