

	L	Staff:			
	®	Date Completed:			
	r Humanity	/	Start Date:		
Name:		_	DOB:	_Age:	
Mailing Address:				_	
Phone #:	Er	mail:			
Medical Information					
Emergency Contact Name:			Phone #:		
Relationship to you:		Alt Phone #:			
Medical Issues (Including Aller	gies):			_	
Please list any special accommo	odations needed:			_	
Professional History:					
Are you employed? YES NO Occupation:					
Any previous volunteer experiences? YES NO Where?					
Do you need to track your hours? YES NO Service Learning Court # Hours:					
	· · ·				
Skills: (Circle all that apply)	Office/admin				
	Build/Construction -	on-site work for a Habit	at Homeowner or repair r	ecipient	
Cabinet Installation	Board/Committee - serve on the Board of Directors or one of our committees				
Carpentry	-				
Cleaning	Events help				
Door/Window Installation	Special Licenses: (Circle all that apply)		Availability: (Check all that apply)		
Drywall Install/Finishing		Day	Morning	Afternoon	
Flooring	Electrician	Monday			
C C	HVAC	Wonday			
Heavy Lifting Masonry	Truck Driver	Tuesday			
Landscaping	Heavy Equipment	Wednesday			
Office Work	Hilti Certified	Thursday			
Painting	OSHA Certified	Thursday			
Plumbing	Plumbing	Friday			
Roofing	Oil Burner Technician	Saturday			
		Signature:			