

GREEN COUNTY HABITAT FOR HUMANITY VOLUNTEER SKILLS and INTERESTS FORM

Please take a few minutes to fill out this information sheet. Absolutely no experience is necessary but we need to know what your interests and abilities are in order to arrange for the necessary supervision or training.

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone No: _____ Work _____

Cell # _____ e-mail: _____

Days I can work (mark ALL that apply): M____, T____, W____, TH____, F____, SAT____, SUN____

Times Available _____ (please circle) Ongoing Occasional

Please circle any of these non-construction areas you would be interested in helping.

- | | |
|-------------------------------------|---------------------------------------|
| Baking - for bake sales or lunches | Fundraising Committee |
| Lunches - for job site | Church Relations Committee |
| Cooking - at fundraisers | Construction/Site Selection Committee |
| Working with the Senior Home Repair | Family Selection/Support Committee |
| Phone Calling - Calling Volunteers | Finance Committee |
| Phone Calling-Fund Development | Fundraising – Event Day |
| Fundraising – Event Preparation | Public Speaking |
| Anything as needed | |

Please place a (B, S, or P) by each skill you possess to indicate your level of experience

Beginner (B)	Skilled (S)	Professional (P)
Concrete work _____	Drywall _____	Electrical _____
Finish Carpenter _____	Flooring _____	HVAC Work _____
Landscaping _____	Painting _____	Roofing _____
Rough framing _____	Vinyl Siding _____	Supervisor _____

Other skills or interests: _____

Volunteers are a vital part of Habitat's mission. In order for our work to continue successfully we ask that you give any volunteer assignment the same careful conscientious effort you would to a paid position by showing up on time when scheduled and staying through to the end of the day.

I understand that the above information is voluntarily supplied and may be used and disclosed for Habitat for Humanity of Green County purposes only and that as a volunteer I will not be paid for my services.

Signature: _____ Date _____

This information is for Grant tracking purposes: Church Affiliation (optional) _____

Lutheran _____yes _____no Thrivent Member _____yes _____no

Please complete and mail to: GCHFH, PO Box 398, Monroe, WI 53566 A liability waiver form will be required on your first day of work. You may print it and bring it with you to the job site to save time.