



VOLUNTEER APPLICATION AND INFORMATION

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Numbers: Cell _____ Home _____

Email: _____

Employer/School: _____

Address: _____ City: _____ State: _____ Zip: _____

Why do you want to volunteer for our organization?

Please share with us any special interest, skills or schooling you may have:

Please write the times you are available:

Monday _____ Thursday _____

Tuesday _____ Friday _____

Wednesday _____ Saturday _____

Participant's Signature

Age: _____ Date Signed: _____

LIABILITY WAIVER

I understand that my work (or the work of my dependent(s) or those under my care) as a volunteer on or around a Habitat construction site or project provides exposure to various risks of injury or illness.

I understand and assume these risks for myself and for those for whom I sign.

I further agree not to hold Good News Habitat for Humanity, Inc. its agents, employees, or volunteers liable for any such injury or illness that results from the acts or omissions of Good News Habitat for Humanity, Inc., its officers, employees, volunteers, or agents. This waiver shall remain in effect until revoked in writing by me (or other party then responsible for any dependent(s) or person(s) under my care for whom I sign) or until asked to sign an updated form by Habitat.

PHOTO RELEASE

In addition, I agree to give permission for Good News Habitat for Humanity, Inc. to use photographs or videos of me in printed or other visual materials used in promoting, advertising, describing, or otherwise informing others about Habitat.

I understand that I am doing this without payment, reimbursement, or other rewards. I further understand that both the originals (negatives, uncut tape, etc.) and all subsequent materials containing my likeness are the property of Good News Habitat for Humanity, Inc.

Volunteer Name – (Please Print Legibly)

Group, Family, Business, or Church

Volunteer Signature

Date

Printed Name of Parent/Guardian. Needed for
Volunteers under the age of 18.

Parent/Guardian Signature, if needed

Street Address

City, State

Emergency Phone Number

E-Mail Address: _____

INTEREST AND SKILLS ASSESSMENT FORM

NAME: _____

Our affiliate has a need for a huge pool of skills; we'd like to know what yours are! Please rate your skill or experience in each of the following areas by putting an X in the box that applies. Thank you!

Skills/experience	None	Beginner	Intermediate	Advanced
Office help				
Bookkeeping				
Computer/data entry				
Mailings				
Phone work				
Filing				
Church & faith relations				
Construction devotion				
Presentations/speeches				
Special events				
Prayer and outreach				
Homeowner services				
Family Mentoring				
Family advocate				
Home visits				
Communications				
Writing/editing				
Event planning				
Graphic design				
Media relations				
Newsletter				
Photography				
Web design				
Facebook				
Fundraising				
Donor recognition				
Grant writing				
Mailings				
Presentations/speeches				
Special events				
Social events				
Construction				
Real estate searches				
Land acquisition				
Crew leader/skilled				
General laborer/builder				
Landscaping				
Planning/committee work				

Skill/experience	None	Beginner	Intermediate	Advanced
Finance				
Accounting				
Budgets				
Volunteer coordination				
Build site help				
Registration				
Data management				
Recruitment				
Tracking				
Build site assistance				
Cleanup/set-up				
Food				
First aid/CPR				
Greeter/hospitality				
Run errands				
Tool trailer				
Repair program				
Crew leader/skilled				
General laborer/builder				
Planning/committee work				
Thrift store				
Events/advertising				
Cashier				
stocker/warehouse				
Donation pickup driver				
Customer service associate				
Deconstruction				

Please list which roles or tasks from above are you most interested in participating:
