



Volunteer Application

CONFIDENTIAL

Name _____

Address _____

_____ Zip Code _____

Mobile no. _____ Alternate no. _____

Date of Birth _____ Email _____

Occupation _____ Employer _____

Which general categories are you most interested in volunteering? Check all that apply.

- | | | |
|--|--|--|
| <input type="radio"/> New Construction | <input type="radio"/> Restore | <input type="radio"/> Community Engagement |
| <input type="radio"/> Home Repair | <input type="radio"/> Campus Engagement
AHS / ACC | <input type="radio"/> Love Your Neighbor/Brush With
Kindness Projects |
| <input type="radio"/> Office | | |

**What qualifications, skills, or experiences do you have that you would like to use as a volunteer?
Check all that apply.**

- | | | |
|---|--|--|
| <input type="radio"/> Demolition/Clean Up | <input type="radio"/> Heating/Cooling | <input type="radio"/> Advocacy/Education |
| <input type="radio"/> Dry Wall | <input type="radio"/> Landscaping/Lawn Care | <input type="radio"/> Event Support |
| <input type="radio"/> Electrical | <input type="radio"/> Material or Equipment Supplier | <input type="radio"/> Fun (d) raising |
| <input type="radio"/> Flooring | <input type="radio"/> Plumbing | <input type="radio"/> IT Support/Technology |
| <input type="radio"/> Foundations | <input type="radio"/> Roofing | <input type="radio"/> Marketing/Graphic Design |
| <input type="radio"/> Framing | <input type="radio"/> Trim/Paint | <input type="radio"/> Clerical/Data Entry |
| <input type="radio"/> Cleaning/Janitorial | <input type="radio"/> Donation Intake | <input type="radio"/> Providing Meals/Snacks |
| <input type="radio"/> Customer Service | <input type="radio"/> Organizer | <input type="radio"/> DIY Restoration Projects |
| <input type="radio"/> Delivery Driver | <input type="radio"/> Sales Associate | <input type="radio"/> _____ |

Which months are you available to volunteer? Check all that apply.

- January February March April May June
 July August September October November December

How many hours per week would you be available for volunteer work? _____ Hours

Which days are you available to volunteer? Check all that apply.

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Please list any previous volunteer experience:

Organization	Volunteer Activity

Background

Have you ever been convicted of a felony? Yes No

If yes, please explain _____

I have answered all of the questions to the best of my ability.

Print

Signature

Date

If under 18 years of age, parent/guardian signature on behalf of above minor.

Print

Signature

Date

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