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VOLUNTEER APPLICATION FORM

Thank you for your interest in Habitat for Humanity Chatham-Kent. This organization exists because volunteers like you care! Please help us learn your skills and interests by completing this Application Form.

Last Name: _____ First Name: _____

Street Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Occupation: _____

Please Check Appropriate Age Category:

**** All volunteers must be 16 years or older to volunteer at the Build Site. ReStore and/or event volunteers aged 14 & 15 may be accepted with the reference from a current volunteer.**

14-15 years Reference: _____ 16-17 years 18-34 years 35-49years Over 50

Do you own CSA work boots? These are mandatory in some volunteer positions.

Yes No

Do have a valid First Aid Certification?

Yes Exp. Date: _____ No

Please list any other information, other skills, licences you hold, or talents you have. What would you like to get out of your volunteer experience here at Habitat for Humanity C-K?

AVAILABILITY:

Please select your preferred availability:

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
AM	<input type="checkbox"/>	AM	<input type="checkbox"/>	AM	<input type="checkbox"/>	AM	<input type="checkbox"/>	AM	<input type="checkbox"/>	AM	<input type="checkbox"/>
PM	<input type="checkbox"/>	PM	<input type="checkbox"/>	PM	<input type="checkbox"/>	PM	<input type="checkbox"/>	PM	<input type="checkbox"/>	PM	<input type="checkbox"/>

AREAS OF INTEREST:

Build Please indicate your level of skill 1= Willing Worker 2= Skilled 3= Professional	ReStore	Committees
<input type="checkbox"/> Drywall (1 2 3)	<input type="checkbox"/> Cashier	<input type="checkbox"/> ReStore
<input type="checkbox"/> Electrical (1 2 3)	<input type="checkbox"/> Prep Area Assistant	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Fencing (1 2 3)	<input type="checkbox"/> Pricing Personnel	<input type="checkbox"/> Special Events
<input type="checkbox"/> Flooring (1 2 3)	<input type="checkbox"/> Product Tester	<input type="checkbox"/> Family Selection
<input type="checkbox"/> Framing (1 2 3)	<input type="checkbox"/> Customer Assistance / Shelf Stocker	<input type="checkbox"/> IT
<input type="checkbox"/> HVAC (1 2 3)	<input type="checkbox"/> Driver Assistant	<input type="checkbox"/> Faith
<input type="checkbox"/> Taping / Finishing (1 2 3)	<input type="checkbox"/> Salvage Crew / Kitchen Removal	<input type="checkbox"/> Construction
<input type="checkbox"/> Insulation (1 2 3)		
<input type="checkbox"/> Interior Trim (1 2 3)		
<input type="checkbox"/> Landscaping (1 2 3)		
<input type="checkbox"/> Painting (1 2 3)		
<input type="checkbox"/> Plumbing (1 2 3)		
<input type="checkbox"/> Roofing (1 2 3)		
<input type="checkbox"/> Siding/Soffit/Facia (1 2 3)		
<input type="checkbox"/> Surveying (1 2 3)		

MEDICAL & EMERGENCY INFORMATION

In the event an emergency should arise, I, _____ give permission for staff at Habitat for Humanity Chatham-Kent to call 911 and get medical treatment.

Signature

Witness

Date

Please fill in below information as detailed as possible.

List of Medications:

List any known allergies, or medical conditions that we should be aware of (i.e. plants, medications, insect bites, etc.):

EMERGENCY & CONTACT INFORMATION (*PLEASE PRINT CLEARLY*)

Emergency Contact #1

Name: _____

Relationship: _____

Home # _____

Cell # _____

Emergency Contact #2

Name: _____

Relationship: _____

Home # _____

Cell # _____