

**PERSONAL INFORMATION****Please Print Clearly**

First Name: _____ Last Name: _____ Date: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ T-shirt size _____

Email: _____ Birthday: _____

Occupation: _____ Employer: _____ Work phone: _____

Church and/or Civic Affiliate: _____

How did you hear about Habitat for Humanity: Word of mouth Internet/Social Media Other _____**AVAILABILITY:**

Circle Days: M Tu W Th F Sa

Check times: Morning ____ Afternoon ____

AREAS OF INTEREST: Circle any areas where you would like to volunteer.

Construction Neighborhood Revitalization ReStore Office/Administration Committees

Construction and Critical Repairs

Please indicate your skills by placing an X in the appropriate boxes below.

ACTIVITY	BEGINNER	SKILLED	EXPERT	TRADE	LICENSED
Carpentry					
Concrete					
Dry wall					
Electrical					
Flooring Installation					
Heat and AC					
Landscaping					
Masonry/Tile Setting					
Painting					
Plumbing					
Roofing					
Scaffolding					
Vinyl Siding					
Other: _____					

ACTIVITY	BEGINNER	SKILLED	EXPERT	COMMITTEE MEMBERSHIP	INTEREST
Admin assistance				Board of Directors	
Bookkeeping				Construction	
Communications/ PR				Faith Relations	
Data Entry				Family Selection	
Sales/Customer Service				Family Support/Mentoring	
Small appliance repair				Fundraising/ Development	
Social Media				Neighborhood Revitalization	
Other: _____				ReStore	
				Volunteer Coordination	



ADDITIONAL INFORMATION *(Attach additional sheet if necessary)*

1. Have you been convicted of a crime within the last 5 years? YES NO
If so, please explain. *(A conviction will not necessarily disqualify an applicant from volunteering)*

2. Are you willing to submit to a criminal background check? YES NO

3. Are there any health considerations that may affect you work? YES NO
If yes, please explain.

4. Any previous Habitat for Humanity experience? Yes No
If yes, where?

5. Other information about yourself that we should know:

6. Emergency Contact:

Name: _____ Relation to you: _____

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

Daytime Phone: _____ Evening Phone: _____

Cell Phone: _____

7. Medical Information:

Insurance _____

Allergies _____

Physical limitations _____

Primary Physician _____

Please return your completed application and attached Liability Waiver to Michelle Hooper at the Habitat for Humanity of Craven County administration office at 321 Fleet St, New Bern, N.C. 28562. (252) 633-9599ext. 104

Thank you for your interest in volunteering with Habitat for Humanity of Craven County.
