



Habitat for Humanity

Grand Traverse Region

Prospective Volunteer Skills and Interest Survey

Habitat for Humanity looks forward to working with volunteers who are interested in sharing their abilities in an effort to eliminate poverty housing from the Grand Traverse region. The work of HFH-GTR is diverse. Our charter covers a four county area and we try to match volunteers with their areas of expertise, interest, and reasonably convenient work locations.

Name: _____		Today's Date: _____	
Street Address: _____		City: _____	
State: _____	Zip Code: _____	Home Phone: _____	Work Phone: _____
E-mail: _____		Sponsor/Church Group: _____	
Best Time/Day to Contact You: _____			
Months Available for Work (Please Circle): Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec ALL			
Days Available for Work (Please Circle): Mon Tue Wed Thu Fri Sat Sun ALL			
County Available for Work: (Please Circle): Benzie Grand Traverse Leelanau Kalkaska ALL			

**** PLEASE READ THE FOLLOWING CAREFULLY ****

Do not be concerned if you do not possess vast skills. There will be experienced workers to provide guidance.

Skill Level 1 = Highly skilled, professional ability, able to oversee others.

Skill Level 2 = Skilled worker, can take responsibility for self.

Skill Level 3 = Interest in area but little or no skill.

CONSTRUCTION ASSOCIATED WORK

(Please Indicate Skill Level 1, 2, or 3. Leaving an item Blank indicates no interest in that area.)

1. ___ Building Design (1=Architect) 2. ___ Miscellaneous Labor (1=Heavy, 2=Light) 3. ___ Plumbing (1=Licensed) 4. ___ Electrical (1=Licensed) 5. ___ HVAC (1=Licensed) 6. ___ Lay Foundation Block 7. ___ Framing 8. ___ Roofing 9. ___ Drywall (1=Finish, 2=Hang)	10. ___ Vinyl Siding 11. ___ Interior Finish Trim 12. ___ Painting 13. ___ Lay Carpet 14. ___ Lay Vinyl Flooring 15. ___ Site Coordinator 16. ___ Provide Equipment 17. ___ Can Lead Scheduled Work Team (1=Yes) 18. ___ Have Vehicle (1=Truck, 2=Van, 3=Trailer)
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NON-CONSTRUCTION WORK

(Please Indicate Skill Level 1, 2, or 3. Leaving an item Blank indicates no interest in that area.)

1. ___ General Office/Phone/Reception/Filing 2. ___ Bulk Mailing 3. ___ Telephoning 4. ___ Fund Raising Worker 5. ___ Communications & Public Relations 6. ___ Computer Word Processing 7. ___ Computer Data Processing 8. ___ Advertising Graphic Design 9. ___ Run Errands (1=Have Car)	10. ___ Food Supply/Preparation/Service 11. ___ Special Events Worker 12. ___ Photography (1=Hi-Res Digital Camera) 13. ___ Legal Services (1=Michigan BAR Attorney) 14. ___ Other Skills _____ _____ _____
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(Continued on other side)

I WISH TO SERVE ON A COMMITTEE

Please check area(s) of interest.

* Development Council	8. ___ Finance Management
1. ___ *Special Events	9. ___ Speakers Bureau
2. ___ *In-Kind Donations	10. ___ Newsletter
3. ___ *Church Relations	11. ___ Strategic Planning
4. ___ *Grant Writing	12. ___ Public Relations
5. ___ *Business/Professional Partnership/Sponsorship	13. ___ Family Selection
6. ___ *Direct Appeal	14. ___ Family Partnership
7. ___ Building/Site Selection	15. ___ Volunteer Coordination

EMERGENCY CONTACT FORM

In Case of Emergency, Contact:

Name: _____ Relationship to You: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone: _____ Work Phone: _____

Physician/Hospital which you prefer:

Existing medical conditions that your crew leader should be aware of:

(Note: It is your responsibility to notify your crew leader of any such condition each time you come to work as a volunteer.)

VOLUNTEER LIABILITY RELEASE

I hereby release Habitat for Humanity-Grand Traverse Region and any of its affiliates or associations, including any of its agents, employees, directors, officers, or workers, from any and all claims, demands, suits, or causes of action against it which I have or may have in the future with regard to any and all accidents, injuries or damages to me or my property arising from the work performed on Habitat projects. I understand that I am a volunteer working on this project and as such waive all rights to claims, demands, suits, or causes of action for injury or damage sustained in relation thereto.

INJURY/MEDICAL COVERAGE

I further represent that I have medical insurance of my own with (Name of Insurance Company)

which will cover any and all injuries or medical conditions which must be treated in connection with any and all accidents related to working as a volunteer on a Habitat for Humanity project.

I further state that I have carefully read the foregoing release and know the contents thereof, and sign as my own free act.

Date: _____ Signature: _____

**Habitat for Humanity-Grand Traverse Region
P.O. Box 5412
Traverse City, MI 49696-5412**