

**HABITAT FOR HUMANITY OF MIAMI COUNTY, OHIO  
VOLUNTEER INFORMATION FORM**

Date \_\_\_\_\_  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Phone \_\_\_\_\_  
 Over the age of 16? \_\_\_\_\_ Date of Birth (mm/dd) \_\_\_\_\_  
 Spouse \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_  
 Church Affiliation (if any) \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 (If Retired) Previous Occupation \_\_\_\_\_  
 Do you wish to work at a work site? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Available to work \_\_\_ weekdays \_\_\_ weeknights \_\_\_ weekends

Please indicate which committees you might like to serve on.

- \_\_\_\_\_ Application Review
- \_\_\_\_\_ Family Support
- \_\_\_\_\_ Restore Operations
- \_\_\_\_\_ Construction
- \_\_\_\_\_ Resource Development
- \_\_\_\_\_ Marketing and Public Relations
- \_\_\_\_\_ Church Relations
- \_\_\_\_\_ Worship & Praise/Special Events
- \_\_\_\_\_ Volunteer Organizing

List other ways you would be willing to serve: \_\_\_\_\_

Mail/Email/Fax completed form to:  
**HABITAT FOR HUMANITY OF MIAMI COUNTY, OHIO**  
**150 E. RACE ST, TROY, OH 45373**  
 p/f (937) 332-3763 [info@hfhmco.org](mailto:info@hfhmco.org)

**Please indicate your skill level in the following areas:**

\*\*\* (Leave blank if no skill in that area) \*\*\*

	Professional	Intermediate	Beginner
Roofing	___	___	___
Painting	___	___	___
Drywall Hanging	___	___	___
Drywall Spackling	___	___	___
Electrical	___	___	___
Heating	___	___	___
Plumbing	___	___	___
Masonry	___	___	___
Insulation	___	___	___
General Carpentry	___	___	___
Finish Carpentry	___	___	___
Framing	___	___	___
Vinyl Siding	___	___	___
Carpet Installation	___	___	___
Landscaping	___	___	___
Administration	___	___	___
Legal	___	___	___
Accounting	___	___	___
Clerical	___	___	___
Computer Skills	___	___	___
Organization Skills	___	___	___
Fund Raising	___	___	___
Public Speaking	___	___	___
Writing-Press/Newsletter	___	___	___
2 <sup>nd</sup> Language(_____)	___	___	___
Web Site	___	___	___
Marketing	___	___	___
Retail	___	___	___
Customer Service	___	___	___
Cashier	___	___	___
Do you have a truck available for use? ___ Type? _____			
Do you have special equipment for use? _____			

**Please sign the waiver and complete the emergency contact information on the back of this sheet.  
 Or if accessing online please, please fill out the appropriate waiver for your age.**