

Habitat for Humanity Greater Kingston & Frontenac Volunteer Application Form

Thank you for your interest in Habitat for Humanity Kingston. The information you provide will help us to place you in a volunteer position which best suits your skills, interests, and the needs of our organization.

PERSONAL INFORMATION

Last Name: _____ First Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Home Telephone: _____ Work Telephone: _____

Fax Number: _____ Email Address: _____

Occupation: _____ Company Name: _____

Community Organization (if applicable): _____

Do you own CSA approved steel toed work boots: Yes No

Age Group: (Volunteers must be 16 years of age or older to volunteer for Habitat for Humanity GK&F. Please note that we cannot accept volunteers less than 16 years old on our build site or in the ReStore.)

Please place a check in the appropriate age category:

16 -17 years 18 - 49 years over 50 years

Have you previously volunteered with Habitat for Humanity?: Yes No

If yes, please list experiences:

AVAILABILITY - Please select your preferred volunteer schedule/or availability

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning <input type="checkbox"/>	Morning <input type="checkbox"/>	Morning <input type="checkbox"/>	Morning <input type="checkbox"/>	Morning <input type="checkbox"/>	Morning <input type="checkbox"/>
Afternoons <input type="checkbox"/>	Afternoons <input type="checkbox"/>	Afternoons <input type="checkbox"/>	Afternoons <input type="checkbox"/>	Afternoons <input type="checkbox"/>	Afternoons <input type="checkbox"/>
Anytime <input type="checkbox"/>	Anytime <input type="checkbox"/>	Anytime <input type="checkbox"/>	Anytime <input type="checkbox"/>	Anytime <input type="checkbox"/>	Anytime <input type="checkbox"/>

AREA OF INTEREST - Please select which of the following volunteer areas are of interest. For details on the below volunteer opportunities please refer to www.habitatkingston.com or email volunteer@habitatkingston.com

Build Site	Committees	ReStore	Office
General Labour <input type="checkbox"/>	ReStore <input type="checkbox"/>	Inventory & Pricing <input type="checkbox"/>	Admin Support <input type="checkbox"/>
First Aid* <input type="checkbox"/>	Fundraising <input type="checkbox"/>	Pickups & Deliveries <input type="checkbox"/>	Social Media <input type="checkbox"/>
Trades <input type="checkbox"/>	Family Selection <input type="checkbox"/>	Cash/Customer Service <input type="checkbox"/>	Other
	Family Partnering <input type="checkbox"/>	Display & Merchandise <input type="checkbox"/>	Bingo Shifts <input type="checkbox"/>
	Build <input type="checkbox"/>	Unload/Load Crew <input type="checkbox"/>	Events Volunteer <input type="checkbox"/>
	Special Events <input type="checkbox"/>		
	Communications <input type="checkbox"/>		
	Faith Relations <input type="checkbox"/>		
	Health & Safety <input type="checkbox"/>		

* - Valid first aid certification (i.e. Red Cross, St. John's Ambulance, etc..) is an asset but is not a requirement of the volunteer.

First Aid Certification: Yes No If yes, please list: _____

Certification Number: _____ Certifying Organization: _____

SKILL LEVEL (Build Volunteers)

Please rate your skill level in the following areas by checking the appropriate box using the following rating scale:

- 1 - Contractor/Ticketed Tradesperson
- 2 - Very Skilled, able to supervise
- 3 - Skilled
- 4 - Have some skills
- 5 - Willing worker

	1	2	3	4	5		1	2	3	4	5
Cement/Cribbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drywall Boarding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interior Trim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landscaping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fencing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Painting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flooring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Framing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roofing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HVAC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Siding/Soffit/Facia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taping/Finishing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Surveying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please check appropriate box:

Are you interested and able to act as a House Build Supervisor? Yes No

Are you interested and able to act as a Crew Leader? Yes No

If you answered yes to any of the above 2 questions please list your skilled areas:

MEDICAL & EMERGENCY INFORMATION

In the event an emergency should arise and I should need emergency medical treatment or hospitalization - permission is granted to the leaders of Habitat for Humanity Greater Kingston and Frontenac to grant authorization for necessary care.

Please fill in the below information as detailed as possible:

List of medications:

Volunteer Application Form

List of any known allergies (plans, medications, insect bites, etc.):

Do you have any medical and/or physical information/disabilities you wish to be taken into consideration or that you feel may affect your ability to perform as a volunteer?

Emergency Contact Person (Please print information clearly):

Name: _____

Relationship to Volunteer: _____

Telephone Number: _____ Mobile Number: _____

Work Number: _____

Please return this application as soon as possible. We look forward to providing you with more details about Habitat for Humanity Greater Kingston & Frontenac and our great team of volunteers, and will contact you shortly after receiving your application. You will also be placed on our mailing list for our news updates.

Please keep us updated if any of the above information should change.

Volunteer Signature

Parent of Guardian (If under 18)

Date