



401 Deer Street
 Manistique, MI 49854
 Office: 906.341.7437 Fax: 906.341.7496
 www.hiawathalandhabitat.com



Volunteer Application

Contact Information

Name			
Street Address			
City, State, Zip Code			
Home Phone		Are you a Veteran?	
Cell Phone		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address			

Availability

<input type="checkbox"/> Weekday Mornings	<input type="checkbox"/> Weekday Afternoons	<input type="checkbox"/> Weekday Evenings
<input type="checkbox"/> Weekend Mornings	<input type="checkbox"/> Weekend Afternoons	<input type="checkbox"/> Weekend Evenings

Interests

Please tell us which areas you are interested in volunteering:

_____ Office Work	_____ ReStore Work	_____ Construction Projects
_____ Building Maintenance	_____ Grounds Work	_____ Board or Committee Member
_____ Event Planning	_____ Volunteer Coordination	_____ Fundraising

Special Skills:

_____ Grant Writing	_____ QuickBooks	_____ Microsoft Office
_____ Vinyl Siding Installation	_____ Roofing	_____ Window/Door Installation

Special Skills or Qualifications

Previous Volunteer Experience

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Person to Notify in Case of Emergency

Name	
Street Address	
City, State, Zip Code	
Home Phone	
Cell Phone	
Email Address	

Photo/Video Release

Habitat for Humanity HiawathaLand often will take pictures and/or video of activities on the worksite, in our building, and at our events. Do you give permission to use photos and video footage of you in publications, websites, etc.? YES NO

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. As a volunteer of Habitat for Humanity HiawathaLand (HfHH):

1. I will attend any required training sessions before performing service at HfHH.
2. I will be courteous, considerate, and will endeavor to make my work the highest quality.
3. I will be punctual and conscientious in the fulfillment of my duties. If I am unable to serve at the assigned time, I will notify my supervisor and try to make up my time.
4. I will follow proper protocol with problems, criticisms, and/or suggestions.

Signature: _____ Date: _____

Please return this completed application to our affiliate

By mail: 401 Deer Street - Manistique, MI 49854
Drop off: Monday through Friday / 9:00 am to 5:30 pm
Fax: 906.341.7496

Thank you for completing this application and for your interest in volunteering with us. HfHH considers all of the information contained in this application confidential. It is the policy of this organization to provide equal opportunities without regard to race, religion, national origin, gender, sexual preference, age, or disability.