

Group Name: \_\_\_\_\_

## Volunteer Information (Please print)

Name: \_\_\_\_\_ Male \_\_\_ Female \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_

Certain employers will donate to AHHFH when their employee donates time. Please list your employer so we can check to see if they participate. Thank you.

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

City & State: \_\_\_\_\_

## Emergency Information (Please print)

Emergency contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address \_\_\_\_\_

Phone: Day (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_

Alternate contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies (medicine, food, etc.): \_\_\_\_\_ Contact lenses: Yes / No

Medications: \_\_\_\_\_

Physical impairments: \_\_\_\_\_ Other: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy number: \_\_\_\_\_

## Skill Survey

This survey is being used to help the staff plan the projects for the time you will be volunteering. Please *circle* the letter that indicates the appropriate level of skill you have for each of the areas listed below

**A = Skilled Professional;** Formerly or currently employed in this trade, able to work independently **and willing to teach others.**

**B = Skilled Non-Professional;** Handyman, apprentice, able to take responsibility for my own work and tools without supervision. **Willing to teach others.**

**C = Semi-skilled;** Some hands-on experience in this trade; able to take responsibility for my own work and tools when given some supervision

**D = Knowledgeable;** No hands-on experience, "I saw it on TV", familiar with the skills and tools of this trade, able to follow instructions

**E = Unskilled;** No skill, but I have an interest in learning this trade

A B C D E **Framing**      A B C D E **Plumbing**      A B C D E **Painting**

A B C D E **Insulation**      A B C D E **Windows/Doors**      A B C D E **Cabinets**

A B C D E **Electrical**      A B C D E **Trimming**      A B C D E **Landscaping**

A B C D E **Roofing**      A B C D E **Vinyl siding**      A B C D E **Organizing**