

## Volunteer Information

Adult \_\_\_\_\_ Minor \_\_\_\_\_

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

### Volunteer Information (Please print clearly)

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

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

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

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

E-Mail: \_\_\_\_\_ Birth M/Yr: \_\_\_\_\_ 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 (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

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 put an *X* below 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. 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		A	B	C	D	E		A	B	C	D	E
<b>Framing</b>						<b>Plumbing</b>						<b>Painting</b>					
<b>Insulation</b>						<b>Windows/Doors</b>						<b>Cabinets</b>					
<b>Electrical</b>						<b>Trimming</b>						<b>Landscaping</b>					
<b>Roofing</b>						<b>Vinyl Siding</b>						<b>Organizing</b>					