

# Volunteer Registration

Date:

Civic Group/Business Affiliation:

**Please Print in all CAPS**

Name:

Mailing Address:

City:

State:

Zip:

Would you like to receive our newsletter?

YES

NO

**If under 18, please provide birth date:**

E-Mail:

**Please Circle Your Preferred Number:**

Home: ( ) -

Cell: ( ) -

Work: ( ) -

## Volunteer Opportunities

Please Indicate Below, Day and Time that You are Available

Work Site Hours are Normally:

M-F 8:00 a.m. - 2:30 p.m. Sat 8:00 a.m. - Noon

Monday AM PM	Tuesday AM PM	Wednesday AM PM	Thursday AM PM	Friday AM PM	Saturday All Day
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**Are you a year-round resident:**

**If no, proceed to next section:**

**Please Indicate With an "X" Which Months You Are NOT Available To Volunteer**

January	February	March
April	May	June
July	August	September
October	November	December

**Please Circle Your Main Area of Interest:**

Office Skills	Computer Skills	ReStore	Recycling	Construction
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## Construction Site Work Opportunities

Please Indicate Whether you are **Skilled**, **Interested**, or **Licensed**

	S	I	L		S	I	L
Carpentry				Framing			
Excavation/Grading				Vinyl Siding			
Painting				Landscape			
Drywall				Roofing			
Concrete Work				Windows			

**Please Fill Out Emergency Contact Information on Back**

**Emergency Contact Information:**

