



Habitat for Humanity®

ReStore

Date: _____

Volunteer Application Form

Thank you for your interest in the Habitat for Humanity Hamilton ReStore! The information you provide will help us place you in the volunteer position that best suits your interests and skills, and the needs of our organization.

PERSONAL INFORMATION (Please Print)

Date when you can start: _____

Last Name: _____

First Name: _____

Street Address: _____

Apt. #: _____

City: _____

Province: _____

Postal Code: _____

Home Phone: _____

Cell Phone: _____

Work Phone _____

E-Mail Address: _____

Preferred way to be contacted: Home #: Cell #: Work#: E-Mail:

PLEASE NOTE: VOLUNTEERS MUST BE A MINIMUM OF 16 YEARS OLD

Are you completing hours for High School? Yes No

Have prior volunteer experience with Habitat for Humanity? Yes No

If yes please describe your involvement: _____

Do you have a First Aid Certification? Yes No

AREAS OF INTEREST

ReStore and Fix-it Shop

Product Testing and Repair

Cashier

Product Assembly

Pick-up Driver's Assistant

Marketing/Public Relations

Product Merchandising/Display

General Labour

Kitchen Recycling Team

Please state any Special Skills: _____

AVAILABILITY

Are you interested in volunteering a minimum of 8 hours a month? Yes No

Please check your preferred days and times to volunteer below:

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
9-1	1-5	9-1	1-5	9-1	1-5	9-1	1-5	9-1	1-5	9-1	1-5

HEALTH AND SAFETY

Do you have work boots? Yes No Size: _____

As a ReStore volunteer the following activities may be asked of you

Activity	Can Do	Can Not Do
Bending	<input type="checkbox"/>	<input type="checkbox"/>
Climbing Ladders	<input type="checkbox"/>	<input type="checkbox"/>
Lifting Under 20 lbs	<input type="checkbox"/>	<input type="checkbox"/>
Lifting Over 20 lbs	<input type="checkbox"/>	<input type="checkbox"/>
Lifting up to 40 lbs	<input type="checkbox"/>	<input type="checkbox"/>
Pushing up to 60 lbs	<input type="checkbox"/>	<input type="checkbox"/>
Pulling up to 60 lbs	<input type="checkbox"/>	<input type="checkbox"/>

EMERGENCY CONTACT INFORMATION

Contact Name: _____ Relationship to you: _____

Contact Phone #: _____ Health Card #: _____

Do you have any medical conditions, information, or disabilities you feel Habitat for Humanity ReStore should be aware of? Yes No

If yes please describe: _____

Volunteer Signature: _____

Date: _____

We look forward to providing you with more details about Habitat for Humanity Hamilton's ReStore. We will contact you shortly after receiving your application.

Please send your completed application to: Habitat for Humanity Hamilton ReStore
Attn: Volunteer Coordinator
285 Nash Rd. N. Unit 1
Hamilton ON L8H 7P4
Fax#: (905) 560-6703
Email: volunteers@habitathamilton.ca

For More Information: Telephone (905) 560-6707, Ext. 102 or visit our website:
<http://www.habitathamilton.ca>