



285 Nash Road North, Hamilton, On L8H 7P4
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 www.habitathamilton.on.ca

VOLUNTEER APPLICATION FORM

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

PERSONAL INFORMATION (Please print)

Surname: _____ **Given Name:** _____ **Gender:** Male Female

Street: _____
 Number Name City Province Postal Code

Home Phone #: _____ Cell Phone #: _____

Work Phone #: _____ E-mail address: _____

Preferred method of contact: Home# Cell # Work # Email

VOLUNTEERS MUST BE A MINIMUM OF 16 YEARS OLD

Are you completing hours for High School? No Yes
 Do you have prior experience with Habitat for Humanity? No Yes Explain: _____
 Do you have a valid First Aid Certification? No Yes
 Do you have construction skills? No Yes Explain: _____

Occupation: _____ Company: _____

Church/Service Club (if applicable): _____

How did you hear about Volunteering for Habitat for Humanity Hamilton?
 Website Newspaper Radio Friend/Family/Another Volunteer
 Community Bulletin Board My Employer Other: _____

Describe what professional/other skills you can bring to the organization of Habitat for Humanity.

AREA OF INTEREST

Please indicate which of the following areas you are interested and qualified to volunteer by checking the appropriate box.

ReStore	Office	Build	Committee
<input type="checkbox"/> Building Maintenance	<input type="checkbox"/> Volunteer Co-ordination	<input type="checkbox"/> Construction	<input type="checkbox"/> Build
<input type="checkbox"/> Pick up	<input type="checkbox"/> Office Administration	<input type="checkbox"/> Meals	<input type="checkbox"/> Site Selection
<input type="checkbox"/> Customer Service/Sales	<input type="checkbox"/> ReStore Administration	<input type="checkbox"/> Gofer	<input type="checkbox"/> Family Selection
<input type="checkbox"/> Product Testing/Repair	<input type="checkbox"/> Database Administration	<input type="checkbox"/> First-Aid	<input type="checkbox"/> Family Partnership
<input type="checkbox"/> Product Assembly			<input type="checkbox"/> Faith Relation
<input type="checkbox"/> Merchandise Clean-up			
<input type="checkbox"/> Salvage Team			

General Duties

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AVAILABILITY

Please indicate your preferred schedule and any relevant details you would like considered regarding your availability for volunteering.

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

Please check preferred times and days to volunteer below:

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
9a – 1p	1p – 5p	9a – 1p	1p – 5p	9a – 1p	1p – 5p	9a – 1p	1p – 5p	9a – 1p	1p – 5p	9a – 1p	1p – 5p

Other: _____

HEALTH AND SAFETY

Do you have safety work boots? Yes No

As a ReStore volunteer the following activities may be asked of you, please check below:

Activity	Can Do	Can NOT Do
Bending		
Climbing Ladders		
Lifting under 20lbs		
Lifting over 20lbs		
Lifting up to 40lbs		
Pushing up to 60lbs		
Pulling up to 60lbs		

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship to you: _____ Phone Number: _____

Do you have any Allergies or Medical Conditions that we should be aware of? Yes No Describe: _____

WAIVER

Certain volunteer positions have some risk, while Habitat for Humanity Hamilton strives to reduce these risks, they can never be completely eliminated. In consideration of Habitat for Humanity Hamilton accepting this Application, on behalf of myself, my heirs, executor, administrators, and assigns, hereby releases Habitat for Humanity Hamilton, its director, employees, volunteers, and agents from any and all claims, demands, damages, actions or causes of action and waives any and all claims that I may have in the future arising out of or consequent of any loss, injury or damages which may have arisen by reason of my involvement as a volunteer or otherwise. Without limiting the generality of the foregoing, I further release any recourse, which I may now or hereafter have resulting from any decision of Habitat for Humanity Hamilton.

Applicant's Signature: _____ Date: _____

For Office Used Only		
Received by:		Date Received:

COMPLETED APPLICATIONS CAN BE SENT BY MAIL OR FAXED TO:

Habitat for Humanity Hamilton
285 Nash Road North

FOR MORE INFORMATION:

Visit us Online: www.habitathamilton.ca
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