



Please complete and return to:

Habitat for Humanity of Greater Bangor  
 382 Harlow Street  
 Bangor, ME 04401  
 volunteers@habitatbangor.org  
 Office (207) 942-8977, ReStore (207) 992-0704

# Volunteer Application

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Medical Information

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Alt Phone #: \_\_\_\_\_

Medical Issues (Including Allergies): \_\_\_\_\_

Please list any special accommodations needed: \_\_\_\_\_

Professional History:

Are you employed? NO YES Occupation: \_\_\_\_\_

Any previous volunteer experiences? NO YES Where? \_\_\_\_\_

Do you need to track your hours? NO YES Service Court # Hours: \_\_\_\_\_

| <p><u>Skills:</u><br/>(Check all that apply)</p> <p>Cabinet Installation</p> <p>Carpentry</p> <p>Cleaning</p> <p>Door/Window Installation</p> <p>Drywall Install/Finishing</p> <p>Flooring</p> <p>Heavy Lifting Masonry</p> <p>Landscaping</p> <p>Office Work</p> <p>Painting</p> <p>Plumbing</p> <p>Roofing</p> | <p><u>Areas of Interest:</u> Check all that apply:</p> <p>ReStore:</p> <ul style="list-style-type: none"> <li>* Back room (prep and assembly of donations),</li> <li>* Truck (picking up donations; background check required),</li> <li>* Front desk (phones, cash register, customer service, background check)</li> </ul> <p>Build/Construction- on-site work for a Habitat Homeowner</p> <p>Board/Committee - serve on the Board of Directors or one of our committees</p>                                                                                                            |         |                                             |  |  |     |         |           |        |  |  |  |         |  |  |  |           |  |  |  |          |  |  |  |        |  |  |  |          |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------------------------------------------|--|--|-----|---------|-----------|--------|--|--|--|---------|--|--|--|-----------|--|--|--|----------|--|--|--|--------|--|--|--|----------|--|--|
|                                                                                                                                                                                                                                                                                                                  | <table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="3"><u>Availability: (Check all that apply)</u></th> </tr> <tr> <th>Day</th> <th>Morning</th> <th>Afternoon</th> </tr> </thead> <tbody> <tr> <td>Monday</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Tuesday</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Wednesday</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Thursday</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Friday</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Saturday</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |         | <u>Availability: (Check all that apply)</u> |  |  | Day | Morning | Afternoon | Monday |  |  |  | Tuesday |  |  |  | Wednesday |  |  |  | Thursday |  |  |  | Friday |  |  |  | Saturday |  |  |
|                                                                                                                                                                                                                                                                                                                  | <u>Availability: (Check all that apply)</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |         |                                             |  |  |     |         |           |        |  |  |  |         |  |  |  |           |  |  |  |          |  |  |  |        |  |  |  |          |  |  |
|                                                                                                                                                                                                                                                                                                                  | Day                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Morning | Afternoon                                   |  |  |     |         |           |        |  |  |  |         |  |  |  |           |  |  |  |          |  |  |  |        |  |  |  |          |  |  |
| Monday                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |         |                                             |  |  |     |         |           |        |  |  |  |         |  |  |  |           |  |  |  |          |  |  |  |        |  |  |  |          |  |  |
| Tuesday                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |         |                                             |  |  |     |         |           |        |  |  |  |         |  |  |  |           |  |  |  |          |  |  |  |        |  |  |  |          |  |  |
| Wednesday                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |         |                                             |  |  |     |         |           |        |  |  |  |         |  |  |  |           |  |  |  |          |  |  |  |        |  |  |  |          |  |  |
| Thursday                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |         |                                             |  |  |     |         |           |        |  |  |  |         |  |  |  |           |  |  |  |          |  |  |  |        |  |  |  |          |  |  |
| Friday                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |         |                                             |  |  |     |         |           |        |  |  |  |         |  |  |  |           |  |  |  |          |  |  |  |        |  |  |  |          |  |  |
| Saturday                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |         |                                             |  |  |     |         |           |        |  |  |  |         |  |  |  |           |  |  |  |          |  |  |  |        |  |  |  |          |  |  |
| <p><u>Special Licenses:</u><br/>(Check all that apply)</p> <p>Electrician</p> <p>HVAC</p> <p>Truck Driver</p> <p>Heavy Equipment</p> <p>Hilti Certified</p> <p>OSHA Certified</p> <p>Plumbing</p> <p>Oil Burner Tech</p>                                                                                         | <p>Signature: _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         |                                             |  |  |     |         |           |        |  |  |  |         |  |  |  |           |  |  |  |          |  |  |  |        |  |  |  |          |  |  |