



P.O. Box 8412, Santa Cruz, CA 95061
 Tel: 831-469-4663 | Fax: 831-469-3118
 www.habitatsc.org | volunteer@habitatsc.org

Date _____

Volunteer Response Form

Name(s) _____

Home Phone _____ Work Phone _____ Cell _____

Email _____

Address _____

City _____ Zip _____

Church and/or Civic Group Affiliation
 (for groups of volunteers only) _____

Occupation or Job Title _____

Date Range of Availability: (MM/DD/YYYY)

Days: Monday Tuesday Wednesday Thursday Friday Saturday

INTERESTS/SKILLS:

Construction (Please indicate (X) which area(s) you are interested in and your experience level.)

Activity	Interest	Beginner	Skilled	Expert	Trade	Licensed
Carpenter – Finish						
Carpenter – Rough						
Concrete Finisher						
Drywall Finisher						
Electrical						
Excavation						
General Contractor						
Grading						
Heat and AC						
Landscaping						
Masonry						
Painting						
Plumbing						
Roofing						
Site Supervisor						
Surveying						
Vinyl Siding						
Window Installation						

Fund Raising Yes, I would be interested in staffing or participating in fund raising events.

Administration (Please indicate (X) which area(s) you are interested in and your experience level.)

	Interest	Beginner	Skilled	Expert
Computer Skills				
Data Entry				
Website Design				
General Office				
Language Skills				
Spanish				
Other Language				
Hospitality				

Committee Service (Please indicate (X) which area(s) you are interested in and your experience level.)

		Interested	Experienced
Board of Directors	Serve as a Board member – 3 year terms.		
Church Relations:	Develop partnerships with local churches.		
Family Partnership:	Provide advice and support to our families.		
Family Selection:	Select the families for future homes.		
Fund Raising:	Help with various projects throughout the year.		
Public Relations:	Promote Habitat in the community.		
Site Selection:	Select locations for future home builds.		
Volunteer Coordinator	Coordinate volunteers on various projects.		

Yes, I would like to be put on the mailing list and receive the quarterly newsletter (x).

Return completed form to the Volunteer Coordinator via email, fax or mail.

(For office use only)

Date rec'd: _____ Date Volunteer Contacted: _____ Person Making Contact: _____

Copies to: _____