



HABITAT FOR HUMANITY OF LONG BRANCH

PO BOX 416
Little Silver, NJ 07739
Phone (732) 728-0441

Date: _____

Name / Contact Person _____

Address _____

Email Address _____ Phone (H) _____ (W) _____

Occupation: _____ Company/ School: _____

Please list any professional organizations, clubs, groups or church to which you belong:

Would you be willing to approach them on behalf of Habitat? ____ Yes ____ No

Interests or Special talents _____

I'd like to volunteer my time and talents to the following Committee(s). **in addition to** or **instead of** building Habitat homes:
(1- Highest Preference, 2 - Second Choice, 3 – Next Choice, etc.)

____ **Public Relations** includes Speakers' Bureau, Media Relations, and Newsletter.

____ **Construction** designs & builds homes to fit selected building lots. Work with and train volunteers & potential homeowners in the various construction techniques used in building Habitat homes.

____ **Family Selection** locates partner families for Habitat homes.

____ **Family Nurture** provides support system for families who own Habitat Houses.

____ **Fund Development** includes sponsor development, submission of proposals for grants, and fund raising activities.

____ **Volunteer Committee** includes recruiting, training, contacting and providing volunteers, orientation, and appreciation.

____ **Finance** develops annual budget, provides monthly reports for Board of Directors.

____ **Hospitality** includes locating suppliers, scheduling and/or providing meals for home-building projects.

____ **Site Selection** locates appropriate land for Habitat homes, obtains permits.

____ **Faith Community Relations** works with churches and synagogues.

Age group: 16 - 18 ____ 18 - 25 ____ 26 - 35 ____ 36 - 56 ____ 57 - 70 ____ 70+ ____

NOTE: Under 18: Needs parental consent signed:

I agree to allow my son/daughter to volunteer for Habitat for Humanity. I also authorize any emergency treatment to be administered as may be necessary.

Signature

Please print name and indicate if parent or legal guardian

11. Emergency: Please list two people who usually can be reached if there is an emergency:

(1) _____
(Name) (Relationship) (Phone)

(2) _____
(Name) (Relationship) (Phone)

Medical Release: I understand that I take full responsibility for my welfare and safety on the job site. And, I hereby give permission for emergency medical treatment to be administered as deemed appropriate.

Signature of Applicant