



Date _____

Office & ReStore Volunteer Application Form

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Office Availability

During which hours are you available for volunteer assignments in the Program Office?

_____ Weekday mornings	_____ Weekday afternoons
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Office Interests

Tell us in which areas you are interested in volunteering

___ Computer	___ Phone	___ Newsletter Production
___ Filing	___ Database	___ Other

ReStore Availability & Positions

POSITION	DAY AVAILABLE	TIME AVAILABLE
Cashier	T W TH F SAT	Morning / Afternoon
Cashier	T W TH F SAT	Morning / Afternoon
Customer Service	T W TH F SAT	Morning / Afternoon
Customer Service	T W TH F SAT	Morning / Afternoon
Product Pricing	T W TH F SAT	Morning / Afternoon
Organizing	T W TH F SAT	Morning / Afternoon
Store Cleaning	T W TH F SAT	Morning / Afternoon
Appliance Repair	T W TH F SAT	Morning / Afternoon
Driverø Helper	T W TH F SAT	Morning / Afternoon
Donations Procurement	T W TH F SAT	Morning / Afternoon

Reasons for Volunteering—Check all that apply

Career Development	Learn new skills	Want to keep busy
Giving Back to the Community	Meet people	Environmentally conscious
Court appointed hours	Community Service hours	Other
Habitat Home Owner	Member of RSVP	

Safety Questionnaire

	Can Do	Cannot Do
Bending		
Climbing ladders		
Lifting under 20 lbs.		
Lifting over 20 lbs.		
Lifting up to 40 lbs.		
Pushing up to 60 lbs.		
Pulling up to 60 lbs.		

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Office Volunteers—Mail or Fax completed form to:

Wichita Habitat for Humanity, Inc.

Attn: Volunteer Coordinator

420 E. English, Suite A Wichita, KS 67202

PO Box 114, Wichita, KS 67201

316-269-0755

Fax—316-264-1108

ReStore Volunteers—Mail or Fax completed form to:

The ReStore

Attn: Volunteer and Donations Coordinator

3125 E Harry

Wichita, KS 67211

316-943-6996

Fax—683-9355