



HABITAT FOR HUMANITY OF MORGAN COUNTY VOLUNTEER APPLICATION

Name: _____ Date _____
Address: _____
City: _____ Zip _____
Phone: () _____ E-Mail address _____
Work place _____ Church _____
Best time to reach _____
I am over 18 years of age (yes or no) _____ Date of Birth _____

Please indicate interest and return application: Habitat for Humanity of Morgan County
525 South Indiana Street, Mooresville, IN 46151 or 39 West Pike Street Martinsville, IN 46151
email: volunteer@morgancountyhabitat.org Call 317-584-3372 if you have questions!

CONSTRUCTION

- Concrete work, Framing-roof, Serve Meals, Dry wall, Framing-walls, Painting, Electrical, Hang cabinets, Plumbing, Landscaping, Windows/Doors, Roofing shingles, Finish carpentry, Hang vinyl siding, Shed Construction, First Aid, Insulation/vapor barrier, Site Clean-up

FAMILY COMMITTEE

- Family Selection Committee, Family Support Committee

HABITAT OFFICE

- Office Volunteer

RESTORE

- Donation Pick-up, Store

RESOURCES COMMITTEE

- Fundraising, Grant writing, Newsletters, Locate building sites, Church Relations, Social Media, Publicity, Volunteer Coordination, Marketing

Hours and days available to work:

Monday _____ Wednesday _____ Friday _____
Tuesday _____ Thursday _____ Saturday _____

Authorization:

I understand that investigative inquiries on my background are to be made on me, to assess whether any reason exists that would suggest that I not be accepted for the position. If I am approved for volunteer service this background check authorization will be kept on file and may be used at any time during my service to procure further information. These inquiries will be made according to policies of Habitat for Humanity of Morgan County, Inc. and will consist of, but not limited to ID verification, criminal history background check and/or driving record check using various research services as outlined in the policies of Habitat for Humanity of Morgan County, Inc. The information received will be kept confidential and will be used only to determine my suitability to volunteer. I understand that I will have an opportunity to review the report and a procedure is available for clarification, if I dispute the record as received. I authorize without reservation, any party contacted to furnish any or all of the above-mentioned information. I release Habitat for Humanity of Morgan County, Inc from any liability or damages resulting from the release of this information. I waive any present or future claims of privacy resulting from this information. Further, I will allow a photocopy of this authorization to be as valid as the original for purposes conducting the necessary investigation.

Signature: _____ Date: _____ HFHMC C4