

Chaffee County



Volunteer Interest Survey

Name _____

Mailing Address _____ City _____

State _____ Zip _____ Fax _____ Email _____

Daytime Phone _____ Evening Phone _____

Best time to contact you _____

Church affiliation (if any) _____

Occupation or name of school if student _____

Organizational or civic affiliations _____

Do you own a truck/tools or other equipment that might be useful to Habitat? Please specify

Check if you would be willing to serve on the board of directors or one of the listed committees

- | | | |
|-----------------------------------------------|-------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Family Selection | <input type="checkbox"/> Faith Relations |
| <input type="checkbox"/> Building | <input type="checkbox"/> Family Support | <input type="checkbox"/> Site Selection |
| <input type="checkbox"/> Resource Development | <input type="checkbox"/> Safety | <input type="checkbox"/> Nominating |

SKILLS YOU WOULD LIKE TO SHARE WITH HABITAT

(Circle 1,2 or 3)

1 = highly skilled (professional) **2** = semi-skilled **3** = unskilled

- | | | | |
|-----------------------------|--------------------------|---------------------|----------------------------|
| 1 2 3 Public Relations | 1 2 3 Artwork | 1 2 3 Concrete Work | 1 2 3 Plumbing |
| 1 2 3 Fund Raising | 1 2 3 Cooking | 1 2 3 Framing | 1 2 3 Heating/Cooling |
| 1 2 3 Grant Writing | 1 2 3 Accounting | 1 2 3 Roofing | 1 2 3 Hang Windows/Doors |
| 1 2 3 Volunteer Coordinator | 1 2 3 Secretarial/Office | 1 2 3 Insulation | 1 2 3 Vinyl Siding |
| 1 2 3 Public Speaking | 1 2 3 Site Supervisor | 1 2 3 Drywall | 1 2 3 Finish Carpentry |
| 1 2 3 Newsletter | 1 2 3 Project Manager | 1 2 3 Painting | 1 2 3 Cabinet Installation |
| 1 2 3 Photography | 1 2 3 Foundation Work | 1 2 3 Electrical | 1 2 3 Finish Carpentry |
| 1 2 3 Landscaping | 1 2 3 Other _____ | | |

If you are licensed in any of the above, please list

Please list any further information about your experience or supervisory skill in these areas

Mail completed form to **CCHfH, P.O. Box 4936, Buena Vista, CO 81211** or fax to **(719) 395-0482**