



Under One Roof

Volunteer Interest Form

Date: _____

Name: _____
First Last

Address: _____
Street City State Zip

Phone: _____
Home Work Cell

E-mail: _____ Birthday: _____
Month Day

Emergency Contact: _____
Name Contact Number

Skills or Interests: (check all that apply)

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Computer Technology | <input type="checkbox"/> Office Management | <input type="checkbox"/> Program Development |
| <input type="checkbox"/> Community/Church Liaison | <input type="checkbox"/> Social Media | <input type="checkbox"/> Special Events | <input type="checkbox"/> |
| <input type="checkbox"/> Fundraising/Grants | <input type="checkbox"/> Marketing | <input type="checkbox"/> Volunteer Coordination | <input type="checkbox"/> |

Under One Roof Interests: (check all that apply)

- | | | | |
|--|--|---|--------------------------------------|
| <input type="checkbox"/> General Repairs | <input type="checkbox"/> Windows/Doors | <input type="checkbox"/> Roofing | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Carpenter | <input type="checkbox"/> Siding | <input type="checkbox"/> Concrete/Masonry | <input type="checkbox"/> Flooring |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Dry Wall | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Landscaping |

Are you a year round resident ? Yes No

If not, what months are you available ?
From _____ To _____

Indicate your preferred days and times:

- | | | | | | | | | | | | |
|--------------------------|--------|--------------------------|---------|--------------------------|-----------|--------------------------|----------|--------------------------|--------|--------------------------|----------|
| <input type="checkbox"/> | Monday | <input type="checkbox"/> | Tuesday | <input type="checkbox"/> | Wednesday | <input type="checkbox"/> | Thursday | <input type="checkbox"/> | Friday | <input type="checkbox"/> | Saturday |
| <input type="checkbox"/> | AM | <input type="checkbox"/> | AM | <input type="checkbox"/> | AM | <input type="checkbox"/> | AM | <input type="checkbox"/> | AM | <input type="checkbox"/> | AM |
| <input type="checkbox"/> | PM | <input type="checkbox"/> | PM | <input type="checkbox"/> | PM | <input type="checkbox"/> | PM | <input type="checkbox"/> | PM | <input type="checkbox"/> | PM |

