Habitat for Humanity of Yankton County
Volunteer Data Sheet
Telephone: (605) 260-4224   Email: habitatyank@iw.net   610 W. 23rd Yankton SD 57078

NAME: _____   **DATE:** ____/____/____

HOME ADDRESS: _____
　　　　　　　　　　(Street)　　　　　　　　　　　　　(City)　　　　　(State)　　　(Zip code)
EMPLOYER: _____   **OCCUPATION**_____

HOME PHONE: _____   **DAYS / HOURS TO CALL:** _____

BUSINESS PHONE: _____   **DAYS / HOURS TO CALL:** _____

E-MAIL ADDRESS: _____   **MONTH/DAY of BIRTH:** _____

CHURCH AFFILIATION (Name)**:**_____ **SERVICE ORGANIZATION**_____

PLEASE CHECK YOUR AREA OF INTEREST:

1. OCCASIONAL:
(Check those applying): weekday   weekend

	weekday	weekend
Office / Clerical	_____	_____
Office / Computer	_____	_____
Call / Sched. Volunteer's	_____	_____
Special Events Staffing	_____	_____

2. COMMITTEE MEMBER:

Construction	_____
Church Relations	_____
Family Selection	_____
Family Support	_____
Fundraising	_____
Special Events	_____
Volunteer	_____

3. CONSTRUCTION:

	Helper	Skilled
Drywall	_____	_____
Landscaping	_____	_____
Rough Carpentry	_____	_____
Finish Carpentry	_____	_____
Painting / Staining	_____	_____
General Labor	_____	_____

OTHER NON-CONSTRUCTION WAYS TO GET INVOLVED :

Prepare Snack: _____

Prepare/Organize Meal: _____

Hospitality Volunteer: _____

2 Shifts	Fridays	Saturdays	Sundays
7:30 a.m. – 9:30 a.m.	_____	_____	_____
11:00 a.m. – 1:00 p.m.	_____	_____	_____

Family Mentor: _____

***Prison Ministry Driver**: _____

2 Shifts	Fridays	Saturdays	Sundays
7:45 a.m.	_____	_____	_____
3:00 p.m.	_____	_____	_____

AVAILABILITY:
Frequency: Fridays   Weekends

	Fridays	Weekends
Partial Days:	_____	_____
Weekly:	_____	_____
Monthly:	_____	_____
On Occasion:	_____	_____

Requires supervisor training with Federal Prison Camp. Habitat will schedule the class for you to attend.

The following waiver of liability must be signed by all Habitat for Humanity of Yankton County volunteers:

WAIVER OF LIABILITY

I understand that me (or my dependents(s) work as a volunteer on or about a Habitat construction site or project will expose me (or my dependent(s) to various risks of injury or illness. I understand and assume these risks, and agree not to hold Habitat for Humanity of Yankton County, its agents, employees or volunteers liable for such injury or illness.

NAME (Please Print)_____   **DATE** _____

SIGNATURE_____

IN CASE OF EMERGENCY CONTACT:

Name_____   **Home Phone**_____   **Work Phone**_____

Address_____   **Relationship to you**_____

VOLUNTEER'S Medical Information (i.e.: allergies, medical conditions, etc.):

_____

COMMENTS:

Office use: