



HABITAT FOR HUMANITY OF LONG BRANCH

193 Long Branch Avenue
Long Branch, New Jersey 07740
Phone (732) 728-0441

Date: _____

Name / Contact Person _____

Address _____

Email Address _____ Phone (H) _____ (W) _____

Occupation: _____ Company/ School: _____

Please list any professional organizations, clubs, groups or church to which you belong:

Would you be willing to approach them on behalf of Habitat? Yes No

Interests or Special talents _____

I'd like to volunteer my time and talents to the following Committee(s). **in addition to or instead of** building Habitat homes:
(1- Highest Preference, 2 - Second Choice, 3 – Next Choice, etc.)

Public Relations includes Speakers' Bureau, Media Relations, and Newsletter.

Volunteer Committee includes recruiting, training, contacting and providing volunteers, orientation, and appreciation.

Construction designs & builds homes to fit selected building lots. Work with and train volunteers & potential homeowners in the various construction techniques used in building Habitat homes.

Finance develops annual budget, provides monthly reports for Board of Directors.

Family Selection locates partner families for Habitat homes.

Hospitality includes locating suppliers, scheduling and/or providing meals for home-building projects.

Family Nurture provides support system for families who own Habitat Houses.

Site Selection locates appropriate land for Habitat homes, obtains permits.

Fund Development includes sponsor development, submission of proposals for grants, and fund raising activities.

Faith Community Relations works with churches and synagogues.

Age group: 16 - 18 _____ 18 - 25 _____ 26 - 35 _____ 36 - 56 _____ 57 - 70 _____ 70+ _____

NOTE: Under 18: Needs parental consent signed:

I agree to allow my son/daughter to volunteer for Habitat for Humanity. I also authorize any emergency treatment to be administered as may be necessary.

Signature

Please print name and indicate if parent or legal guardian

11. Emergency: Please list two people who usually can be reached if there is an emergency:

(1) _____
(Name) (Relationship) (Phone)

(2) _____
(Name) (Relationship) (Phone)

Medical Release: I understand that I take full responsibility for my welfare and safety on the job site. And, I hereby give permission for emergency medical treatment to be administered as deemed appropriate.

Signature of Applicant