



UPDATED 5/22/06
 APPLICATION MAILED/FAXED/E-mailed _____
 (Acknowledged) _____ RECEIVED ON _____
 ENTERED in data base _____
 THANKS FOR(date) _____
 Mailed _____

COASTAL EMPIRE HABITAT FOR HUMANITY

“Building houses in partnership with God’s people in need”

{ATTN: *If received by E-mail: Please **PRINTOUT**, complete & Mail/FAX as signature must be on file*}

VOLUNTEER APPLICATION (PLEASE PRINT)

NAME _____
 HOME ADDRESS _____
 City _____ STATE _____ ZIP _____
 HOME PHONE _____ BUSINESS PHONE _____
 E-Mail Address _____
 OCCUPATION _____
 GROUP or ORGANIZATION (if any) _____
 In case of emergency, NOTIFY: (name) _____
 TIME AVAILABLE _____
 *SPECIAL SKILLS: _____

PREFERRED ACTIVITY _____

VOLUNTEER WAIVER

Volunteers must be at least 16 years of age

I, _____ acknowledge and agree that CEHFH has made no representations or warranties regarding insurance coverage for volunteer workers, and that I may not be covered by any insurance policies carried by CEHFH.

 Volunteer’s signature _____
 Today’s date

****For any applicant under 18, the application must be signed by a parent or legal guardian:**
 I give my permission for _____ to do volunteer work for CEHFH and authorize CEHFH and its agents to provide emergency medical care to my child in the case of accident or injury.

 (Signature and Relationship) _____
 (Today’s date)

PLEASE MAIL/FAX APPLICATION TO: [cannot be E-mailed as signature must be on file]

VOLUNTEERS
Coastal Empire Habitat for Humanity
P.O. Box 13211
Savannah, GA 31416
Office # 912-353-8122 fax # 912-353-7667
Office location 1106 East 70th Street