



## Family Support Volunteer Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Best way and time to contact you? \_\_\_\_\_

Have you ever volunteered with Habitat for Humanity before?

Yes                  No

If so, what did you do? \_\_\_\_\_

Have you ever volunteered with Habitat for Humanity of Greenville County?

Yes                  No

If so, what did you do? \_\_\_\_\_

Other Past Volunteer Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your strengths? \_\_\_\_\_

\_\_\_\_\_

What are your weaknesses? \_\_\_\_\_

\_\_\_\_\_

What gifts, skills, or training will help you as a family support volunteer? \_\_\_\_\_

\_\_\_\_\_

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Why are you interested in serving as a family support volunteer? \_\_\_\_\_

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When are you available to volunteer or attend meetings? Please check if you are available:

	AM	PM	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

If you will be working with our families, we will need at least two references. Please provide at least one personal references and one professional reference. Thanks!

Personal

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Professional

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

By my signature, I certify that all statements made by me on this application are complete, true, and accurate to the best of my knowledge and belief. I consent to the release and verification of information about my ability and fitness for volunteering by employers, schools, and other individuals and references to be used to determine my qualifications and suitability to the volunteer position. I understand that a false statement submitted by me may be grounds for release from my responsibilities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date