

Please fill in the following information allowing us to contact you.

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

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

City,St, zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_  Preferred    Cell Phone: \_\_\_\_\_  Preferred

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

Interest:  
Individual [ ]  
Group [ ]

Skill level:  
Note; most volunteers have no experience the first time.

No experience [ ]  
Some [ ]  
Novice [ ]  
Moderate [ ]

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please send this completed form to [BLentz@HabitatMidOhio.org](mailto:BLentz@HabitatMidOhio.org). Bob will follow-up with volunteer opportunities.

