

Individual or Team Information

To help plan work and accommodations for volunteers and teams, please complete this form. Instructions: save the form to your computer, complete, resave, then email (as attachment) to volunteercoordinator@hopelutheranwf.org.

Contact Information

Individual or Team Name:			
Street Address:			
City:	State:		Zip:
Contact Person:			
Contact Phone:		Cell:	
Email:		3 0	
	Housing & N	l eals	
Number of Adults Coming: Males	Females		
Number of Youth Coming: Males 16 and over with parent/guardian pe	Females rmission; 14-15	accompanied by _l	parent/guardian
Number of Days Here:			
Date(s) desired:			
Housing Arrangements: I/We will need housing Yes I/We will make own housing arrange) :	
Eating Arrangements: I/We will be responsible for our own Meals requested: Breakfast (\$	food Y \$7.50/meal)	es No Dinner (\$7.5	50/meal)
Tra	aining & Exp	erience	
I/We have experience in: Tree & debris removal (chainsaw) Flood muckout Mold remediation Carpentry/framing Drywall installation Window/door installation Electric/plumbing Roofing (including tarping)	Yes Yes Yes Yes Yes Yes Yes	No skill level:	
Tools/Equipment: I/We have our own tools a	and equipment	Yes	No
Questions/Additional Information:	. 1		