

FORM DUE BY AUGUST 1, 2019



HANDS ON JACKSON
VOLUNTEER INFORMATION SHEET

(Return to Mountain Projects Office in Sylva or Email to: jchicoine@mountainprojects.org)

Team Leader Contact Information (if not on a team, skip to Individual or Team Member)

(Team Leader responsibilities: contact and organize Team Members; attend Team Leader meetings; visit job site to meet homeowner and prepare material's list; be present on-site on October 3, 2019 to direct Team Members and complete project.)

Team Leader Name: _____
(Please print)

Address: _____

Date of Birth: ____/____/____ Phone: _____

Email address: _____ *Shirt size: _____

Individual or Team Member Contact Information

NAME	PHONE	EMAIL	*SHIRT SIZE
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			

INTEREST--Tell us in which areas you are interested in volunteering:

- Carpentry/Home Repairs
 Painting
 Landscaping
 General Clean-up

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer; any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (Print) _____ Signature _____
Date _____

***Shirt sizes: S M L XL 2XL 3XL**