

VOLUNTEER TEAM INFORMATION

ONE FORM MUST BE FILLED OUT FOR EACH SEPARATE WORK TEAM

1. Group/Church name: _____

2. Full name(s) of adult leaders: _____

3. Total number of people on team (counting leaders): _____

4. Please circle how experienced in construction the adult leaders are for your specific team:

A. Little to no experience (*can hammer a nail*)

B. Experienced in basic home maintenance (*painting, wall patching, minor carpentry, etc.*)

C. Have done some minor renovation-type work (*good general knowledge of home repairs, minor structural repairs, carpentry, drywall, etc.*)

D. Skilled in home renovation and repair (*professional in construction/renovation or have acquired much experience elsewhere*)

5. If adults and/or youth on your specific team are especially skilled, please circle in which areas.

Roofing

Electrical

Plumbing

Rough carpentry

Drywall

Installing cabinets

Painting

Insulation

Finish trim

Vinyl flooring

6. Are there any individuals on your team that are not allowed to be on a roof? YES NO

If yes, how many? _____

7. Please list any allergies, medical conditions, etc. that SOS should know about when determining at which house your team will be working.

8. Please write any additional comments that may be useful in helping us determine which home might be appropriate for your team:
