



Habitat for Humanity London Inc.
 Unit 10- 45 Pacific Court, London, Ontario
 N5V 3V4
 Phone: (519) 455-6623 Fax: (519) 455-8479
 Email: ljones@habitat.london.on.ca
www.habitat.london.on.ca

ReStore Volunteer Application

Name:		Date:	
Address:			
City:	Prov:	Postal Code:	
Home#:	Work#:	Fax#:	
Home email:		Work email:	
Please tell us about yourself. This will help us better place you in a volunteer position. Please list your work and volunteer experience over the last 10 years.			
Experience/Training		Organization	
Referring Organization:			
What skills and/or experiences would you like to get from your volunteer experience with Habitat for Humanity?			
First Aid Certificate Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, level and expiry date _____			
WHIMIS Training Yes <input type="checkbox"/> No <input type="checkbox"/> Place and date of training _____			
Please indicate your area of interest within Habitat for Humanity London ReStore			
Cashier	Sales Clerk	Office Clerk	
Warehouse Assistant		Truck Driver	Driver Assistant
Woodworking		Plumbing	Electrical
Small appliance inspection and repair		Deconstruction Worker	
Availability			
Monday am pm		Tuesday am pm	
Wednesday am pm		Thursday am pm	
Friday am pm		Saturday am pm	
How did you hear about Habitat for Humanity London?			
Our web site ReStore Friend Work Church Group Newspaper TV/Radio			
If you would like to become a member of our affiliate please include a cheque for \$10.00 made payable to Habitat For Humanity London Inc. You will receive a tax receipt and will be entitled to vote at our A.G.M Cheque enclosed			
<small>Habitat for Humanity London Inc. respects the privacy of all volunteers, donors and members. For details see our Privacy Policy at www.habitat.london.on.ca or call and ask for our Privacy Officer 455-6623. If you wish to be excluded from our mailing list informing you of our activities including fund raising please contact us and state you would like to be excluded.</small>			

Emergency Contact

Name: _____ Address: _____
 Home Phone: _____ Work phone: _____ Cell: _____
 Relationship Volunteer: _____
 Please list briefly any medical information that would be important for our first aid personnel to convey to emergency medical personnel.