



Flood Relief Volunteer Application

Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
E-Mail: _____
Any Health Concerns?: _____

Availability: (Please Circle All That Apply)

Weekdays: AM PM Evenings Only Other: _____
Weekends: AM PM Evenings Only Other: _____

Volunteer Skill Level:

(Please Rate Yourself and Check Only One Box That Best Describes Your Skill Level)

- Level 1 Basic Knowledge
- Level 2 Basic Knowledge _ Painting Skills
- Level 3 Basic + Painting & Drywall
- Level 4 Basic + Painting Drywall & Electrical
- Level 5 Contractor

Additional Information:

(Vehicles, Tools, Resources or Anything You Feel We Should Know About You.)

Have you had a Tetanus Shot in the last 5 years?: YES NO

I am an adult volunteer donating my time and services. As a volunteer I accept responsibility for my own personal safety and I agree not to endanger the safety of those around me.

Volunteer Signature: _____ Date: _____

THANK YOU FOR VOLUNTEERING YOUR TIME AND YOUR TALENTS.
Please return this form to AGAPE at 19 East 7th Street in Bloomsburg, PA 17815.