



we build:  
**strength, stability**  
**self-reliance**  
**and shelter.**

## VOLUNTEER INTAKE FORM

<b>Name:</b> <i>Title (circle one):</i> Mr. Mrs. Ms.		<i>First Name:</i>	<i>Last Name:</i>
<b>DOB:</b>	<b>Phone #:</b>	<b>Email Address:</b>	
<b>Do you serve in the military? If so, which branch?</b>		<b>Are you volunteering with a group? If so, which group (company name or team leader name)?</b>	
<b>Address:</b> <i>Street Address:</i>	<i>City:</i>  <i>State:</i>	<i>Zip:</i>	

### EMERGENCY CONTACT INFORMATION

<b>Name:</b>	<b>Relationship:</b>	<b>Phone #:</b>
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**List any allergies and/or medical conditions that may affect your ability to work on site:**