

## Volunteer Home Repair Referral Project: Volunteer/Group Registration Form

Individual/Contact Person: \_\_\_\_\_

Organization Name (if applicable) : \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone:w) \_\_\_\_\_ h) \_\_\_\_\_ c) \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Number in Group: \_\_\_\_\_

Youth:  Adult:  Youth & Adult:

### Project Categories

Yes, we would like to volunteer to assist those in need of home repair.

We have the necessary skills to provide the following assistance:

- |   |  |
|---|--|
| <input type="checkbox"/> Plumbing repair  | <input type="checkbox"/> Yard work                       |
| <input type="checkbox"/> Limited electrical work  | <input type="checkbox"/> Painting                        |
| <input type="checkbox"/> Repairing plaster  | <input type="checkbox"/> Patching and installing windows |
| <input type="checkbox"/> Wheelchair ramp construction   |  |
| <input type="checkbox"/> "Handyman" Services such as leveling doors, installing grab bars, railings |  |
| <input type="checkbox"/> Other carpentry, including repairing or constructing steps                 |  |
| <input type="checkbox"/> Repairing flooring   | <input type="checkbox"/> Other: _____                    |

We have funds to assist with some projects.

We do not have funds to assist with projects.

We are willing to provide the above assistance for households in the following areas:

- |   |   |                                    |
|---|---|------------------------------------|
| <input type="checkbox"/> Mechanicsville | <input type="checkbox"/> Doswell            | <input type="checkbox"/> S tudley  |
| <input type="checkbox"/> Beaverdam      | <input type="checkbox"/> Ashland            | <input type="checkbox"/> Rockville |
| <input type="checkbox"/> Montpelier     | <input type="checkbox"/> Hanover Courthouse |                                    |

We would like to limit our assistance to the following months of the year:

Year round or  From \_\_\_\_\_ to \_\_\_\_\_

We can conduct simultaneous projects: Yes:  Maximum number of projects: \_\_\_\_\_  
No:

The best time and way to contact us is : \_\_\_\_\_

Additional Comments/Limitations:

**NOTE: The County nor department are responsible for insuring the work or actions of the volunteers offering their assistance.**

**Mail to: Hanover County Community Resources, P. O. Box 470 Hanover, VA 23069-0470**

If you have any questions please call 804/365-4300. You can also fax this form back to 804/365-4299 or e-mail us at volunteer@co.hanover.va.us



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