



GATEWAY HOUSING
SERVICE PROJECT
VOLUNTEER APPLICATION

Questions? Phone 636-357-5209

Please return this form to:

Judy Lindquist

16000 Hunters Way Drive

Chesterfield, MO 63017

CONTACT INFORMATION:

Name _____

Address _____

Home Phone _____ Cell Phone _____

Email _____

AVAILABILITY

During which hours are you generally available for volunteer assignments?

___ Weekday mornings

___ Weekend mornings

___ Weekday afternoons

___ Weekend afternoons

___ Weekday evenings

___ Weekend evenings

SKILLS AND INTERESTS (NO EXPERIENCE NECESSARY)

Which area(s) are you especially interested in?

___ Ramps

___ Ceiling tile

___ Painting

___ Power tools

___ Demolition

___ Floors

___ Digging

___ Drywall/taping

___ Doors/windows

___ Carpentry

___ Framing

___ Stairs/steps

SPECIAL SKILLS OR QUALIFICATIONS

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. Use back of sheet if necessary.

I have answered all the questions to the best of my ability:

Signature

Date