

FORM DUE BY SEPTEMBER 1, 2022



HANDS ON JACKSON 2022  
VOLUNTEER INFORMATION SHEET

(Return to Department on Aging or Email to: jchicoine@mountainprojects.org)

**Team Leader Contact Information** (if not on a team, skip to Individual or Team Member)

(Team Leader responsibilities: contact and organize Team Members; attend Team Leader meetings; visit job site to meet homeowner and prepare material's list; be present on-site on October 6, 2022 to direct Team Members and complete project.)

Team Leader Name: \_\_\_\_\_  
(Please print)

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ \*Shirt size: \_\_\_\_\_  
\_\_\_\_\_

**Individual or Team Member Contact Information**

NAME	PHONE	EMAIL	*SHIRT SIZE
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			

**INTEREST**--Tell us in which areas you are interested in volunteering:

- Carpentry/Home Repairs
- Landscaping
- General Clean-up

**Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer; any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_  
Date \_\_\_\_\_

**\*Shirt sizes: S M L XL 2XL 3XL**