Coastal Community Church
His Helping Hands Ministry
Volunteer Sign-Up Form

Name: _____

Phone: _____/_____/_____
Home Cell Work

E-Mail: _____

Address: _____
Street City State Zip

Skills:

Carpentry: ____Expert ____Good ____Fair ____Novice ____Willing to learn

Do you have your own tools? ____Yes ____No

Electrical: ____Expert ____Good ____Fair ____Novice ____Willing to learn

Do you have your own tools? ____Yes ____No

Plumbing: ____Expert ____Good ____Fair ____Novice ____Willing to learn

Do you have your own tools? ____Yes ____No

Landscaping/Yard Work: ____Expert ____Good ____Fair ____Novice ____Willing to learn

Do you have your own tools and equipment? ____Yes ____No

Painting/Cleaning/Organizing: ____Expert ____Good ____Fair ____Novice ____Willing to learn

Do you have your own tools and equipment? ____Yes ____No

Truck/Trailer: Do you have a truck or trailer that can be used to transport equipment, materials and/or supplies? ____Yes ____No

Childcare: Can you provide childcare during the project day? _____ Yes _____ No

Provide Lunch: Can you provide lunch and water for volunteers on project day? (Reimbursable) _____Yes _____No