



**Community Housing Coalition of
Madison County**

P.O. Box 1166, Marshall, NC 28753
(828) 649-1200
www.chcmadisoncountync.org



ReClaim Madison

25 Bridge St
Marshall, NC 28753
(828) 649-0100
www.reclaimmadison.com

Volunteer Application

Preferred name/pronoun	
Address, City, State, Zip	
Phone	
Email Address	

Note: The following demographics we collect are voluntary. The more information we collect, the better we can serve our community through increased equitable representation.

- Non-Hispanic White or Euro-American
- Latino or Hispanic American
- East Asian or Asian American
- South Asian or Indian American
- Black, Afro-Caribbean, or African American
- Native American or Alaskan Native
- Middle Eastern or Arab American
- Other: _____

Age (for grant reporting purposes):

- <17
- 18 - 25
- 26 - 40
- 41 - 54
- 55 - 61
- 62+

Birthday if under 18: ___/___/___ **and complete Parent/Guardian Permission form (attached).**

Are you a U.S. Military Veteran? (requested for grant purposes) **Yes** ___ **No** ___

How did you hear about CHC and/or ReClaim?

Which programs would you like to volunteer with (Check all that apply)?

- Neighbors Helping Neighbors (NHN)** - is a volunteer-driven work program for volunteers to assist in making housing repairs. The local NHN meets one Saturday a month and is led by CHC's Volunteer Coordinator and at least one Project Manager or skilled professional to lead the many projects volunteers will tackle, including interior/exterior painting, roof patching, window replacement, deck repair, lawn maintenance, and ramp/stairs building.
 - ReClaim Madison: Salvage & Hardware Store** - is a social enterprise of CHC. Located in Downtown Marshall, ReClaim Madison is a full service hardware and salvaged building materials/furniture/appliances store. Proceeds go toward CHC's programs. As a volunteer, primary duties include helping to clean and process donations, picking up donations, store inventory organization and other creative projects as needed.
 - Other** (i.e. grantwriting, filing, research, fundraising, outreach, or describe here):
-

Availability:

During which hours are you available for volunteer assignments?

- Weekday mornings
- Weekend Mornings (Saturday / Sunday)
- Weekend Afternoons (Saturday / Sunday)
- Weekday afternoons
- Weekday evenings
- Weekend Evenings (Saturday / Sunday)

Do you prefer volunteering (check all that apply):

- Alone
- With a few others
- With a large group

Your Employment/Volunteer Experience:

If Employed:

Current Position: _____ Employer: _____

Responsibilities: _____

Volunteer Experience: Summarize any previous volunteer experience, particularly with home repairs or retail:

Please list any medical conditions or allergies: _____

Emergency Contact: Please list two persons that we may contact in the event of an emergency.

Name _____ Title _____

Address: _____

Phone Numbers: Home _____ Cell _____ Work _____

Email address _____

Please rate your abilities in the following construction/retail skills (Check appropriate column).

Skill	Basic	Intermediate	Skilled	Professional	Comments
Carpentry/Framing					
Electrical					
Plumbing					
Finish Carpentry					
Heating / A/C					
Dry Wall					
Roofing					
Brick / Masonry					
Concrete					
Painting					
Welding					
Flooring (specify types)					
Tiling					
Vinyl Siding					
Weatherization					
General Repairs					
Window / Door Replacement					
Demolition					
General Helper (clean up, yard work, etc.)					
Customer Service					
Point of Sale Systems					
Other Relevant Skills & Licenses:					

Applicant Certifications: I hereby certify that...

- 1- The above information is complete and true to the best of my knowledge.
- 2- I have read the listed expectations for volunteers and can assure that I meet these requirements.
- 3- I have signed and enclosed the attached waiver regarding liability.
- 4- I have signed the attached confidentiality assurance statement.
- 5- (If volunteer is under age 18) I have obtained and enclosed the Parent/Legal Guardian consent form.

Name (Printed) _____

Signature _____

If under 18, Parent/Legal Guardian Signature _____

Date _____

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability. We encourage members of underrepresented communities to apply and actively seek volunteers that reflect the broad diversity of our geographic region.

Thank you for completing this application. Please mail the completed form to:

Liana, McCune, Volunteer Program Coordinator
Community Housing Coalition of Madison County
P. O. Box 1166 Marshall, NC 28753
Or submit via email Liana@chemadisoncountync.org
Feel free to call 828-649-1200 or email with any questions.

We will contact you to discuss what current volunteer opportunities would be a great mutual fit. Thank you for considering volunteer service with the Community Housing Coalition of Madison County and ReClaim Madison.

Community Housing Coalition of Madison County

**Criminal Background Check Authorization Form
For Volunteer Applicants**

Name _____
(Print) Last First Middle Maiden

Date of Birth: ____/____/____ Gender: _____ Social Security #: ____ - ____ - ____
month/day/year

County where I currently reside:

Other counties in North Carolina where I have resided:

Other countries, states & counties where I have resided:

As an applicant for the position of VOLUNTEER, I understand that a criminal record check will be conducted and that this will not necessarily disqualify me. I verify that the information provided on this page is correct.

Authorized Signature of Volunteer Applicant *Date*

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