

Habitat for Humanity of Pitt County, Inc.
GROUP VOLUNTEER INFORMATION FORM

Date_____

(Please Print)

Name of Group:

High School and undergraduate groups please list adult advisor

Contact Name:

One contact per group please

Mailing Address:

City, State, Zip:

Phone Numbers - Home:

Cell:

Work:

Please provide two numbers where we may contact you

Email Address:

VOLUNTEER PREFERENCES

Site(s) Requested: ___ **Construction** ___ **ReStore** ___ **Other**

Approximate group size: _____(Maximum size is 10)

What is your preference for volunteer workdays?

___ Weekday

___ Saturday

What is your possible commitment?

___ One time basis

___ Regularly – definitely want to volunteer at least once per quarter

___ Uncertain – after our workday we may want to consider volunteering regularly

Which quarter(s) are interested in volunteering?

___ 1st Quarter (January – March)

___ 2nd Quarter (April – June)

___ 3rd Quarter (July – September)

___ 4th Quarter (October – December)

PLEASE MAIL OR FAX COMPLETED FORM TO:

MAIL TO: Habitat for Humanity of Pitt County
 P. O. Box 514
 Greenville, NC 27835

FAX: (252) 758-9238

You may also submit the information by phone by contacting our Office, at (252) 758-2947.