PLEASE respond to all questions on the spreadsheet!

Date of Arrival _____ **VOLUNTEER SKILLS** **Date of Departure _____**

Church Name: **Church Address:**

Team Leader Name: **Team Leader Cell Phone #:**

Team Leader E-Mail Address:

VOLUNTEERS: ***List each individual team member by name in each of the rows below.***

Level 1: Don't know, but willing to try
Level 2: Have done, but need help
Level 3: Can do a good job by myself
Level 4: Can do well and can guide others
Level 5: Licensed

SKILLS		Carpentry	Chainsaw	Clean Up	Cooking	Concrete	Data Entry	Drywall Hanger	Drywall Finisher	Electrical	Flooring	Heating/AC	House Stripping	Insulating	Masonry	Medical	Painting	Pastoral	Plumbing	Pressure Washing	Roofing	Supply/Store Room	Yard Work
Volunteer Names:	**Age:**																						

Special Notes: