

GCHFH WORK CAMP APPLICATION

PLEASE RETURN WITH \$125 DEPOSIT

NAME OF CHURCH/GROUP _____

CHURCH/GROUP ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____

CHURCH/GROUP TELEPHONE _____

NAME OF CONTACT PERSON _____

CONTACT PERSON'S ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____

TELEPHONE _____

What do you expect will be the TOTAL NUMBER of work camp participants coming to Greene County in each of the following age groups?

10th - 12th _____ + College _____ + Adult _____ = Total _____

Will any of the above adults come as support persons only (cook, chaperone, driver, etc.) and NOT be working at the building site? YES NO If yes, how many _____ ?

To help with supervision and ensure a good experience for the group, we request you bring one skilled adult on site for every five less-skilled persons (see information sheet for definitions). Please list the skilled persons who will fulfill this ratio: NOTE: This is not a requirement, just a request for skilled volunteers.

Name: _____ Phone: _____

Skill _____

Name: _____ Phone: _____

Skill _____

Name: _____ Phone: _____

Skil _____

Name: _____ Phone: _____

Skill _____

Name: _____ Phone: _____

Skill _____

Describe the overall skill/experience level of your group. What special skills do members of your group possess?

What weeks do you prefer (work camps usually arrive on a Saturday or Sunday and depart the following Saturday)?

1st Choice _____ 2nd Choice _____ 3rd Choice _____

Can you supply tools? YES NO

Specific type of tools you could bring? _____

(PLEASE COMPLETE THE BACK SIDE)

How did you find out about work camps with Greene County Habitat?

Are there any special needs your group may have that we should be aware of?

How does your group expect to respond to our policy requesting groups to contribute \$125.00 per worker toward the work of Greene County Habitat?

Please tell us a little bit about your Church and/or group. Share whatever you consider important, in addition to: the size and make-up of your Church and/or group; your previous work camp experiences, if any. Also, please share with us your thoughts on how you approach the work camp experience, why you believe work camps are important, and why you feel called to work with homeowners and volunteers of Greene County Habitat (attach additional sheet if necessary).

Thank you for taking the time to complete this application. We look forward to partnering and working with you.

Signed _____ Date _____

Position with Church or group _____

Mail or FAX to: Greene County Habitat for Humanity 32 Church Street, Suite 104 Waynesburg, PA 15370 FAX 724-852-6385
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