



Hurricane Katrina Group Volunteer Application

Arrival Date _____

Work Start Date _____

Work Stop Date _____

Departure Date _____

Arriving by _____ Car _____ Van _____ Bus _____ Plane _____ Other

Group Information

Group Name _____

Contact Person _____

Address _____ Phone _____

City _____ State _____ Zip _____

Email _____

Group Member Information

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Birthdate _____

Emergency Contact _____ Phone _____

Pertinent Medical Information _____

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Birthdate _____

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*Please attach additional sheets if needed to include all group members

Group Volunteer Skill Assessment

No. of Individuals with Skills:

Please only list volunteers who are very experienced in the specific area.

_____ Roofing

_____ Electrician

_____ Drywall

_____ H/VAC

_____ Carpenter

_____ Plumber

_____ Clerical

_____ Floor Installation

_____ Insulation

_____ Photography

_____ General Use (cleaning, painting, landscaping, etc.)

Do you have any licensed professionals in your group (contractors, plumbers, electricians, roofers, etc.)? _____

If so, please specify. _____
