

Graces Helping Hands – Volunteer Biographic Form

Date: _____

Name _____

Home Address _____

Home Phone _____ Work Phone _____

Cell Phone _____

Work Email _____

Home Email _____

The Church you are a member of _____

List any professional skills that you have that would make you a resource to others within the group for advice and/or assistance. _____

Days/Times available to provide support (example: Sat and Sun daytime, in emergency circumstances Mon-Fri after 7:00pm): _____

List the types of handyman actions you feel comfortable with. _____

List the types of handyman actions you feel comfortable doing with support from others. _____

List the types of handyman actions you have no interest in performing. _____

