

**CITY OF HUNTSVILLE
DEPARTMENT OF COMMUNITY DEVELOPMENT
EMERGENCY HOME REPAIR PROGRAM**

CHURCH INFORMATION

Name of Church/Organization: _____

Name of contact person: _____

Email: _____

Phone number: _____ Alternative number: _____

Average number of volunteers: _____

How often is your group interested in participating?

Once a year Twice a year Several times a year

What are your work time preferences?

Weekdays Saturdays Both Other: _____

Check the skills below that apply to your group of volunteers

Certified Electrician

Carpenter

Painting

Certified Plumber

Roofing

Sheetrock

Certified HVAC

Vinyl Siding

Masonry

1. Does your volunteer group have the proper equipment and tools? (*ladder, power tools, etc.*)

2. Does your volunteer group have access or ownership to a truck and/or trailer?

3. Are there any restrictions on the type of work your volunteer group will perform? If so, what are the restrictions? _____

4. Does your volunteer group have a preference on location? If so, where? _____

Please send completed forms to the:

Department of Community Development
P.O. Box 308
Huntsville, AL 35804-0308