

**Last Name**  
(Office use only)

**Date Received** (Office Use Only):

\_\_\_\_/\_\_\_\_/\_\_\_\_



**Volunteer Skills Assessment**

**Contact Information:**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Language(s) fluently spoken other than English: \_\_\_\_\_

**Volunteer Skills Assessment:**

Please use the following key to describe your area of interest and skill level:

**Key**  
**A:** Willing Helper    **B:** Do-it-Yourself  
**C:** Extensive Handy person, no trade experience    **D:** Worked trade previously  
**E:** Working trade currently as helper, apprentice, journeyman  
**F:** Licensed

**Building Skills:**

\_\_\_\_ Cabinet Installation

\_\_\_\_ Flooring Installation

\_\_\_\_ Painting

\_\_\_\_ Door/Window Installation

\_\_\_\_ Plumbing

\_\_\_\_ Drywall Installation/Finishing

\_\_\_\_ Roofing

\_\_\_\_ Electrician

\_\_\_\_ Mason

\_\_\_\_ Equipment Operator

\_\_\_\_ Carpentry

\_\_\_\_ HVAC

\_\_\_\_ Carpet Installation

\_\_\_\_ Landscaping

**Other Skills:**

\_\_\_\_ Fundraising

\_\_\_\_ Typing / Filing / Office Skills

\_\_\_\_ Community Building

\_\_\_\_ Sales / Mission Promotion

\_\_\_\_ Other (describe)

If other selected please describe:

\_\_\_\_\_

Please list any special certifications/licenses for any of the above:

\_\_\_\_\_

Please list any special skills:

\_\_\_\_\_

Helping Hands of New Jersey  
Restoring Hope to Families

**Availability:**

Dates of availability: \_\_\_\_\_  
(MM/DD-DD/YYYY)

Weekday	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Hours (i.e. 8:00 AM- 4:00 PM)							

**Areas of Interest:**

\_\_\_\_\_ Construction Volunteers      \_\_\_\_\_ Event Sponsors,      \_\_\_\_\_ Event Volunteers  
\_\_\_\_\_ Clerical/ Office      \_\_\_\_\_ Donors/Fundraising      \_\_\_\_\_ Other

If donors/fundraising, event volunteers and or event sponsors selected please describe:

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Additional Information:

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date