The Fuller Center for Housing
Building on Higher Ground

WORK TEAM APPLICATION

NAME OF WORK TEAM:_____

PRIMARY CONTACT PERSON:

Name: _____ H Phone: _____

Address: _____ W Phone: _____

_____ Email: _____

Alternate contact: _____ Phone:_____

WORK TEAM DATES:

Arrival: Date: _____ Estimated time: _____

Departure Date: _____ Estimated time: _____

Date of any "free" (travel, sight seeing, rest) you have planned: _____

WORK TEAM COMPOSITION:

Note—this information is requested so we can plan for lodging and work assignments.

Men: _____ Women: _____ Total: _____

Adults: _____ Minors: _____ Total: _____

Number of supervisors with construction skills: _____
(Please attach all Skills Surveys*)*

INDIVIDUAL APPLICATION PACKETS

Individual application packets have been completed for all participating volunteers and are ENCLOSED(preferred)_____/ WILL BE DELIVERED ON OUR ARRIVAL _____