

HANDYMAN PROJECT APPLICATION

NAME: _____

ADDRESS: _____

HOME PHONE: _____

WORK PHONE: _____

DATE OF BIRTH: _____

DRIVERS LICENSE: _____

TYPE OF WORK: _____

TRAINING & SKILLS:

- | | |
|------------------------------------|---|
| <input type="checkbox"/> CARPENTRY | <input type="checkbox"/> PAINTING |
| <input type="checkbox"/> SPACKLING | <input type="checkbox"/> MASONRY |
| <input type="checkbox"/> PLUMBING | <input type="checkbox"/> ELECTRIC |
| <input type="checkbox"/> WALLPAPER | <input type="checkbox"/> YARD WORK |
| <input type="checkbox"/> HOUSEWORK | <input type="checkbox"/> APPLIANCE REPAIR |
| <input type="checkbox"/> FILING | <input type="checkbox"/> TYPING |

OTHER: _____

PREFERRED WORK SCHEDULE: (List)

HOURS: _____ DAYS: _____

MONTHS: _____ START DATE: _____

Do you prefer to work alone? _____
or with others? _____

Are you interested in serving on the standing committee? _____ YES _____ NO

Signature _____

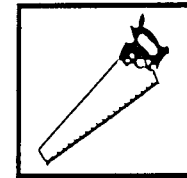
Date _____



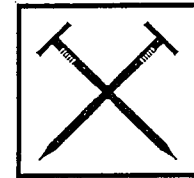
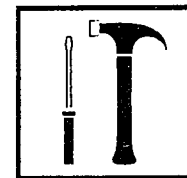
Somerset County
Office of Volunteer Services
P.O. Box 3000
Somerville, NJ 08876-1262

Somerset County Handyman Program

THE



HANDYMAN PROJECT



Needs You!

sponsored by the
Office of Volunteer Services

**For more information, call
908-704-6358**