



## Skills and Abilities

Please let us know if you have skill in any of the following areas. Check all that apply.

Comments

<input type="checkbox"/> Plumbing	
<input type="checkbox"/> Electrical	
<input type="checkbox"/> Carpentry	
<input type="checkbox"/> Painting	
<input type="checkbox"/> General Construction	
<input type="checkbox"/> Photography / Video	
<input type="checkbox"/> Medical	
<input type="checkbox"/> Other	
Is there a type of job that you would like to request? (We will do our best to accommodate you)	

## Medical Information

Do you have **any physical or medical conditions** which will either **limit you or the safety or the efficiency of the team** (i.e. chest, back or joint pain, limited mobility, limited stamina, serious allergies, poor eyesight, etc.)?

If yes, please specify:

Do you have any dietary restrictions or convictions regarding certain kinds of food?

### Emergency Contact Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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