

RESTORING PEOPLE'S LIVES

"I Can Help"

NAME _____ PHONE _____

EMAIL (print clearly) _____

ADDRESS _____ CITY _____ ZIP _____

▲ MY SKILLS:

- | | | |
|-------------------------------------|------------------------------------|--------------------------------|
| <input type="checkbox"/> Clean-up | <input type="checkbox"/> Plumbing | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Packing | <input type="checkbox"/> Flooring | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Sheet rock | <input type="checkbox"/> Childcare | |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Laundry | |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> _____ | |

▲ MY AVAILABILITY:

(We will call to confirm)

	8 am – 1pm	1 pm – 5 pm	5 pm – 9 pm
Mon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fri	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

▲ I COULD HOUSE PEOPLE:

Maximum # _____ With Pets Without Pets

Other Restrictions _____