



Please return to:
rta@rebuildingalbuquerque.org
(505) 750-7115
P.O. Box 27684
Albuquerque, NM 87125

VOLUNTEER APPLICATION

Each year, hundreds of individuals from throughout the Albuquerque area volunteer with Rebuilding Together Albuquerque to assist elderly and/or disabled homeowners in completing repairs to their homes. These repairs and renovations can include painting, cleaning yards, removing trash, installing locks, installing smoke detectors, or building ramps and handrails. Contingent upon volunteers from the construction trades, leaky roofs and plumbing and electrical work may also be completed. With some exceptions, these services are completed for the homeowners in a single day.

Most of our work takes place on National Rebuilding Day, the last Saturday in April, though we carry out smaller projects throughout the year. Please provide the following information if you wish to volunteer.

NAME: _____ DATE: _____
Last First Middle
ADDRESS: _____
No. Street City Zip
PHONE: _____ E-MAIL: _____ AGE: _____

Please check off all applicable of the following:

EXPERIENCE:

- I am experienced in the following:
 Electrical Carpentry Roofing Painting
 Plumbing Drywall Other (specify) _____
 I am not experienced with any of the above but am willing to learn.

ADOPT A HOME:

- I/We would like to repair a home and pay for all the materials ourselves.

MATERIALS:

- I/We have building materials that we would like to donate to Rebuilding Together Albuquerque.

HOUSE CAPTAIN:

- I am in the building trade or am very skilled in home repair and want to serve as a House Captain.

AMBASSADOR:

- I have people skills. I would like to serve as an ambassador and work with the homeowner to make life easier for them before project day, during project day, and after project day.

DONATIONS:

- I/We would like to make a donation to Rebuilding Together Albuquerque.



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Are you part of an organization that can provide several volunteers? _____

NAME OF ORGANIZATION: _____

CONTACT PERSON: _____ PHONE: _____

ADDRESS: _____

No./Street

City

Zip

E-MAIL: _____

IF APPLICANT IS UNDER 18 YEARS OF AGE:

NAME OF PARENT OR GUARDIAN: _____

Last

First

Middle

PHONE: _____ E-MAIL: _____

(Please use the space below to provide any other information you wish.)