**Camp Restore Detroit**

17100 Chalmers Ave, Detroit, MI 48205

313-527-3366, detroit@camprestore.org

**Restoration Service Application**

Please initial you understand in no way Camp Restore Detroit (CRD) is committed to completing work on your home. CRD is a source for volunteer labor and does not have access to funds. This is a home project assessment application only. **\_\_\_\_\_\_\_\_**

All information is considered confidential and is to be used only for Family Partner selection. When the application has been received a confirmation email will be sent. If you do not receive this email please contact Camp Restore Detroit by at detroit@camprestore.org or 313-527-3366.

**1.** **APPLICANT INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant's Name:** |  |  |  |  |  |  |  |  |  |  |
| **Phone:** |  | **Email:** |  |  |  |  |  |  |
| **Date of Birth (MM/DD/YYYY):** |  |  |  |  |  |  |  |  |  |  |
| **Alternate Contact's Name:** |  |  |  |  |  |  |  |  |  |  |
| **Phone:** |  | **Relation:** |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Others who live with me:** |  |  |  |  |  |  |  |  |  |
| Name: |  |  | Age: |  |  | M | / | F |  |
| Name: |  |  | Age: |  |  | M | / | F |  |
| Name: |  |  | Age: |  |  | M | / | F |  |
| Name: |  |  | Age: |  |  | M | / | F |  |
| Name: |  |  | Age: |  |  | M | / | F |  |
|  |  |  |  |  |  |  |
| **Current Address (Street, City, Zip Code):** |  |  | **(circle one):** | ***OWN*** | ***/ RENT*** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Years in Home:** | \_\_\_\_\_\_\_ |  |  |
|  |  |  |  |
| **Home Church:** |  | **How many years attending?** |  |

**2.** **WILLINGNESS TO PARTNER**

To be considered for a restoration service project, you and your family must be willing to complete a certain number of “restoration service“ hours. In addition to helping on your personal project, “restoration service“ hours can be earned through volunteering at Camp Restore or by helping a fellow neighbor on another restoration service project.

I am willing to complete the required restoration service hours. ( YES / NO ) Initial: \_\_\_\_\_\_

**3.** **HOME AND SKILLS SUMMARY**

In the spaces below:

**Describe the condition of your home where you live and what area you would like to be restored.**

**Describe why a CRD Restoration Team would be a blessing to you and how it will benefit your family.**

**Do you or any of your immediate family members have skills that could help with this restoration effort or could benefit another family?**

**Do you or any of your immediate family have financial resources to assist with this restoration effort including any on going maintenance?**

**Describe how you giveback and support your neighborhood community.**

**Applicant Signature:** **Date:**

**Camp Restore Detroit Use Only**

Application Received Staff Initial