



# FINAL STATUS REPORT

House Captain(s): \_\_\_\_\_ Project Date \_\_\_\_\_ House # \_\_\_\_\_ Number of volunteers: \_\_\_\_\_

Total Number of Work Hours (Number of Volunteers \* Event Day hours + *Your Hours*): \_\_\_\_\_

**We need to quantify our specific accomplishments at each house.**

**Please indicate which tasks your team undertook, providing numbers and detail where necessary.**

## WARM

- |   |   |
|---|---|
| <input type="checkbox"/> Caulked Windows (# )                       | <input type="checkbox"/> Re-tiled/Added Vinyl Floor (# of rooms ) |
| <input type="checkbox"/> New Storm Windows (# )                     | <input type="checkbox"/> Added/Re-hung Interior Doors (# )        |
| <input type="checkbox"/> Replaced Full Windows (# )                 | <input type="checkbox"/> Drywall/Patching (# of rooms )           |
| <input type="checkbox"/> Glazed Windows (# )                        | <input type="checkbox"/> Exterior Painting                        |
| <input type="checkbox"/> Added Insulation (# of rooms )             | <input type="checkbox"/> Interior Painting (# of rooms )          |
| <input type="checkbox"/> Fixed/Replaced Furnace                     | <input type="checkbox"/> Replaced Countertops (# )                |
| <input type="checkbox"/> Fixed/Replaced Water Heater                | <input type="checkbox"/> Replaced Cabinets (# )                   |
| <input type="checkbox"/> Added Carpet (# of rooms )                 | <input type="checkbox"/> Landscaping/Yard work ( )                |
| <input type="checkbox"/> Rebuilt Rotting Floor Boards (# of rooms ) | <input type="checkbox"/> Additional Carpentry Work:               |

## SAFE

- |   |  |
|---|--|
| <input type="checkbox"/> Added "Safe Storage" ( )           | <input type="checkbox"/> Repaired Steps (# )                     |
| <input type="checkbox"/> Added Security Doors (# )          | <input type="checkbox"/> Installed/Repaired Rails (# )           |
| <input type="checkbox"/> Fixed/Replaced Locks (# )          | <input type="checkbox"/> Installed Grab Bars (# )                |
| <input type="checkbox"/> Fixed/Replaced Doorbell            | <input type="checkbox"/> Added Wheelchair Ramp (# )              |
| <input type="checkbox"/> Installed/Repaired Fencing         | <input type="checkbox"/> Porch Repair ( )                        |
| <input type="checkbox"/> Added Motion Detector Lights (# )  | <input type="checkbox"/> Replaced Appliances ( )                 |
| <input type="checkbox"/> Added/Replaced Light Fixtures (# ) | <input type="checkbox"/> Installed Smoke Detector (# )           |
| <input type="checkbox"/> Replaced Outlet Covers (# )        | <input type="checkbox"/> Installed Carbon Monoxide Detector (# ) |
| <input type="checkbox"/> Rewiring ( )                       | <input type="checkbox"/> Additional Electrical Work:             |

## DRY

- |   |  |
|---|--|
| <input type="checkbox"/> Roof Repair ( )                      | <input type="checkbox"/> Repaired/Replaced Sinks (# )      |
| <input type="checkbox"/> Sewer Repair ( )                     | <input type="checkbox"/> Repaired/Replaced Shower/Tub (# ) |
| <input type="checkbox"/> Water Damage Repair ( )              | <input type="checkbox"/> Repaired/Replaced Toilet (# )     |
| <input type="checkbox"/> Gutter Repair                        | <input type="checkbox"/> Replaced Faucets (# )             |
| <input type="checkbox"/> Installed Drop Ceiling (# of rooms ) | <input type="checkbox"/> Additional Plumbing Work:         |

**Any additional projects?**

**Were any projects left incomplete?**

**Please rate your experience with the following:**

**Homeowner/family:** \_\_\_\_\_ positive    \_\_\_\_\_ neutral    \_\_\_\_\_ negative

Comments:

**House Captain Meetings:** \_\_\_\_\_ positive    \_\_\_\_\_ neutral    \_\_\_\_\_ negative

Comments:

**Materials ordering and delivery system:** \_\_\_\_\_ positive    \_\_\_\_\_ neutral    \_\_\_\_\_ negative

Comments:

**Skilled Labor/Tradespeople:** \_\_\_\_\_ positive    \_\_\_\_\_ neutral    \_\_\_\_\_ negative

Comments:

**Rebuilding Together staff assistance:** \_\_\_\_\_ positive    \_\_\_\_\_ neutral    \_\_\_\_\_ negative

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Volunteer Organization(s)** \_\_\_\_\_

**Lunch sponsors** \_\_\_\_\_

**Skilled Trade donors:** \_\_\_\_\_

**HOUSECAPTAIN:**

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

Company \_\_\_\_\_

Address: \_\_\_\_\_

**THANK YOU!**  
**PLEASE RETURN FORM TO John Diedrich 800 Waukegan Road, Glenview, IL 60025**  
**OR FAX TO 847-832-0150**