

Shelter Volunteer Application

Name: _____ **Date:** _____

Contact Information

Phone Number (REQUIRED) _____

Email Address _____

What is the best/fastest way to reach you? Choose one: Text Phone Call Email

Thank you for volunteering to be part of this important community ministry team. Please familiarize yourself with the Shelter Manual and Roles and Responsibilities. Please consider participating in helpful training to meet the needs of our guests and to help the Shelter run smoothly.

Relevant training or skills (not a requirement)

Please check if you have completed any of the following training, and the date completed.

_____ Food Handling Date Completed _____

_____ First Aid Date Completed _____

_____ Mental First Aid Date Completed _____

Other relevant skills/training (please list below)

Kind of Training/Qualifications

Date Completed

Availability

Please list your availability to help cover the various Overnight Shelter shifts.