

## **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
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## Availability

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