

OUT OF THE COLD VOLUNTEER PROFILE

(This Form For Out Of The Cold Use Only)

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Site:	St Matthews Lutheran Church				
Name:					
Address:					
Phone:	Street	Apt	City	Postal Code	
	Home	Business		Ext.	
Emergency					
	Contact Name		Phone		

PLEASE CHECK VA MAIN AREA OF INTEREST

1	Job	Responsibilities	Any Where
	Kitchen Help 4:30 PM – 8:00 PM	Make supper, cleanup of kitchen and o	dishes
	Set Up Crew 3:30 PM – 6:00 PM	Set up beds, tables, signs and hall price	or to 6:00 PM.
	Servers 6:00 PM - 8:00 PM	Serve dinner to guests, set up/take do	wn tables
	Hospitality Crew 8:00 PM - 11:00 PM	Door people, visit our guests, help set	t up mattresses
	Overnight Crew 11:00 PM – 6:00 AM	Keep site clean, check washrooms, wa	atch exits
	Breakfast Crew 6:00 AM – 8:3 0 AM	Wake guests, serve breakfast, clean o	f kitchen area
	Cleanup – AM 7:00 AM – 8:30 AM	Clean hall, clean bedding, take blanke	ts for cleaning

I AM INTERESTED IN VOLUNTEERING

1	Shift		
	EVERY WEEK		
	EVERY OTHER WEEK	Starting Date:	
	ONCE PER MONTH		
	OTHER: Please Specify		

PLEASE TURN PAGE OVER

TELL US A LITTLE ABOUT YOURSELF

Home Church (if applicable)		
Occupation		
Community Affiliations		
Skills		
Hobbies and Special Interests		
Languages Besides English		
CPR		
First Aid Training		
Other		
Training that may be provided by Ou	ıt of the	Cold Steering Committee
Health and Safety Training		
Mental Health		
Crisis Intervention Training (must	have)	
Our guests are to be treate overriding emphasis is the in our guests. If we succeed in our guests will share with so commitment that any such in I will respect the neither judge n	d with di nportance creating me of us nformation dignity or pread	ignity and respect at all times. Consistent with that the of respecting the right to privacy and confidentiality of a warm and welcoming atmosphere it is possible that is their hurts and personal information. It is our on be kept confidential. and privacy of our guests and will the ch. I understand the need to treat trained in strict confidentiality.
 Date	-	Signature
		ords check should that be deemed necessary volunteer position.
Date	-	Signature
Personal References		
		Phono no
Name		Phone no.