




OUT OF THE COLD VOLUNTEER PROFILE

(This Form For Out Of The Cold Use Only)


PLEASE PRINT:

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

PLEASE CHECK  A MAIN AREA OF INTEREST

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

I AM INTERESTED IN VOLUNTEERING

	Shift
	EVERY WEEK
	EVERY OTHER WEEK
	ONCE PER MONTH
	OTHER: <i>Please Specify</i>

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 Out of the Cold Steering Committee

Health and Safety Training	
Mental Health	
Crisis Intervention Training (must have)	

ALL VOLUNTEERS MUST READ AND SIGN BELOW

Our guests are to be treated with dignity and respect at all times. Consistent with that overriding emphasis is the importance of respecting the right to privacy and confidentiality of our guests. If we succeed in creating a warm and welcoming atmosphere it is possible that our guests will share with some of us their hurts and personal information. It is our commitment that any such information be kept confidential.

**I will respect the dignity and privacy of our guests and will
neither judge nor preach. I understand the need to treat
any information obtained in strict confidentiality.**

Date

Signature

**I am willing to undergo a police records check should that be deemed necessary
for my volunteer position.**

Date

Signature

Personal References

Name	Phone no.