

## OUT OF THE COLD VOLUNTEER PROFILE

(This Form For Out Of The Cold Use Only)

## **PLEASE PRINT:**

Site:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
(Please circle)							
Main	St. Louis	Trinity	Benton	St. Matthew's	St. John's	First United	Bethany
Secondary		St Andrews	Stirling	St. Anne's			
Name:							
Adduses							
Address:							
	Street			Apt	City		Postal Code
Phone:				•	•		
	Home Business Ext.				Ext.		
Emergency							
	Contact	Name			Phone		

PLEASE CHECK VA MAIN AREA OF INTEREST

Call In	1	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  Keep site clean, check washrooms, watch exits			
		Overnight Crew 11:00 PM – 6:00 AM				
		Breakfast Crew 6:00 AM – 8:3 0 AM	Wake guests, serve breakfas	st, clean of kitchen are	a	
		Cleanup – AM 7:00 AM – 8:30 AM	Clean hall, clean bedding, take blankets 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 Affilia	ations				
Skills					
Hobbies and Spe	cial Interests				
Languages Besid	des English				
CPR					
First Aid Training					
Other					
Consiste right to warm a some of any suc	ent with that over privacy and con nd welcoming a f us their hurts a th information be the dignity an	treated with dignity and respect erriding emphasis is the importantidentiality of our guests. If we satmosphere it is possible that out and personal information. It is one kept confidential.  Indeed to treat any information confidentiality.	ance of respecting the succeed in creating a or guests will share with ur commitment that		
Date		Signat	TIFO.		
	Date Signature				
l am v	_	ergo a police records check s cessary for my volunteer pos			
Date		Signat	Signature		
Personal Re	eferences				
Name			Phone no.		
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