



Volunteer Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Phone	
T-Shirt Size	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings (9-11:30 am) Weekday afternoon (12-3 pm) Weekday evenings (6-8 pm)
 Weekend mornings (9-11:30 am) Weekend afternoon (12-3 pm) Weekend evenings (6-8 pm)

Volunteer Opportunities

Tell us in which areas you are interested in volunteering:

THE BRIDGE

- COLD WEATHER SHELTER—supports shelter operations during significant inclement weather.
- FOOD MEAL ASSISTANT—assists in the storage, preparation, delivery, and clean up associated with feeding clients.
- GROUP LEADER—leads small groups in life skills.
- LAUNDRY—assists clients with laundry of their clothes.
- MENTOR—facilitates training, education, and delivery of informational briefings to clients.
- RECEPTIONIST—Welcomes and checks in clients, answers the phone, and provides general information.
- SAFETY MONITOR—facilitates identification of safety hazards, reporting, and consistent application of safe operating procedures.
- SERVICE ASSISTANT—supports staff in the delivery of all services to clients.
- SHELTER DRIVERS*—transports residents and clients to various places as deemed necessary by agency staff, using agency assigned vehicles.
- SHOWER ASSISTANT—ensures that showers are clean and ready for guests to use and that the shower operations are running smoothly.

OTHER OPPORTUNITIES

- FOOD PANTRY THRIFT STORE FUNDRAISING EVENTS
 Other
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Please indicate the type of volunteer service you are seeking:

- Individual Group Community Service (school) Court-ordered
Community Service

Name of Organization or Group	Number of Hours Seeking	Completion Date

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer experience, or through other activities, including hobbies or sports.

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References

Please provide details of two people, not related to you, who we may ask for a reference:

Name	Phone	Relationship

Person to Notify in Case of an Emergency

Name	Phone	Relationship

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. Please provide a copy of your valid driver's license or a photo ID. I hereby give The Neighborhood Center permission to conduct a Criminal Records Check if appropriate for the protection of clients. *Your signature gives the Neighborhood Center permission to check driving record.

Name (printed)	
Signature	
Date	