Cold Weather Emergency Homeless Shelter
Volunteer Sign-Up Sheet

Name: _____

Address: _____

City, State, Zip _____

Are you over the age of 18? ____yes ____no. **If under 18 you must be accompanied by a parent or guardian to volunteer at the shelter.**

For scheduling purposes, let us know which phone numbers and e-mail addresses may be shared with other Cold Weather volunteers.

Phones:	Home: _____ - _____	May be shared	Yes □	No □
	Work : _____ - _____ Ext._____	May be shared	Yes □	No □
	Cell: (_____) _____ - _____	May be shared	Yes □	No □

E-mail: Home: _____May be shared Yes □ No □

E-mail: Work: _____May be shared Yes □ No □

Preferred Method of Contact: _____

Have you worked at the First or South Church Shelter before? Please check one: □ Yes □ No

If yes, in what capacity?_____

Please check the shift(s) and circle the days of the week you are able to volunteer

Evening Shift at First Church (5:30 p.m. - 9:45 p.m.)	S	M	T	W	T	F	S
Overnight Shift at First Church (9:30 p.m. - 8:00 a.m.)	S	M	T	W	T	F	S

- Do you have a preferred area of responsibility? Check below:
  - □ Check-in/Reception
  - □ Hospitality Room/Interaction with guests
  - □ Transportation to South Church & Non-Emergency needs
  - □ **All of the above**
- If you are available to work on short notice, please check the boxes below that apply:
  - □Evening shift at First Church
  - □ Overnight shift at First Church
  - □Overnight shift at South Church
  - □ Transportation
- Would you be willing to work on the holidays? Yes No

How often would you like to volunteer: (check one) □ Monthly □ Every Two Weeks □ Weekly □ Twice Per Week

If you have volunteer, work or life experience that would assist you with your shelter duties, please tell us briefly about this experience (use the back of this paper if you need more room). _____

_____

Please mail completed application to: **First Congregational Church**
177 N. Main St.
Concord, NH 03301
603-225-5491