

Appendix B

Hospitality INC. Volunteer Application

Date: _____ Name: _____

Address: _____

Email: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Preferred method to contact you: _____

Do you have a Church Affiliation? Yes No

If yes, with whom? _____

If yes, are you willing to serve beyond your Hosting Church? Yes No

How often are you able to volunteer? **Please circle the days of the week you are able to volunteer:**

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Please indicate the number of days per week you can volunteer: _____

Please indicate the number of weeks per month you can volunteer: _____

Are you: CPR Certified? Yes No First Aid Certified? Yes No

Please check the position(s) in which you are willing to volunteer:

- | | |
|--|---|
| <input type="checkbox"/> Volunteer Coordinator | <input type="checkbox"/> Evening Visitor |
| <input type="checkbox"/> Food Coordinator | <input type="checkbox"/> Overnight Host |
| <input type="checkbox"/> Shelter Set Up/Tear Down Coordinator | <input type="checkbox"/> Breakfast Host |
| <input type="checkbox"/> Team Leader | <input type="checkbox"/> Tear Down/Clean Up Volunteer |
| <input type="checkbox"/> Set Up Volunteer | <input type="checkbox"/> Emergency Backup |
| <input type="checkbox"/> Dinner/Snack Host | <input type="checkbox"/> Any of the above |
| <input type="checkbox"/> Shelter Coordinator (this is a one to three times per week commitment for the 22 week period – November 1 st 2009 through April 4 th 2010) | |

Gifts/Talents/Comments: _____

Check out our website:

www.hospitalityinthenameofchrist.org

