

Appendix A



Hospitality In the Name of Christ Volunteer Application

Please see the
Hospitality In the Name
of Christ
Protocol Manual or
website for job
descriptions

Name: _____ Date: _____

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 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:

Custodial Coordinator	Evening Visitor
Laundry Coordinator	Overnight Host
Shelter Set Up/Tear Down Coordinator	Breakfast Host
Team Leader	Emergency Backup
Dinner/Snack Host	Any of the above
Shelter Coordinator (this is a one to two times per week commitment.)	

Gifts/Talents/Comments:

Tammy & Tim Martin
1516 Ivanhoe Rd., Ludington, MI 49431
231.510.4591

Approved _____	Date _____
Restricted _____	Date _____

www.hospitalityinthenameofchrist.org