



OUT OF THE COLD VOLUNTEER PROFILE

(This Form For Out Of The Cold Use Only)

PLEASE PRINT:

Site:	St Matthews Lutheran Church		
Name:	_____		
Address:	_____		
	Street	Apt	City
			Postal Code
Phone:	_____		
	Home	Business	Ext.
Emergency	_____		
	Contact Name	Phone	

PLEASE CHECK  A MAIN AREA OF INTEREST

<input checked="" type="checkbox"/>	Job	Responsibilities	Any Where
<input type="checkbox"/>	Kitchen Help 4:30 PM – 8:00 PM	<i>Make supper, cleanup of kitchen and dishes</i>	
<input type="checkbox"/>	Set Up Crew 3:30 PM – 6:00 PM	<i>Set up beds, tables, signs and hall prior to 6:00 PM.</i>	
<input type="checkbox"/>	Servers 6:00 PM - 8:00 PM	<i>Serve dinner to guests, set up/take down tables</i>	
<input type="checkbox"/>	Hospitality Crew 8:00 PM - 11:00 PM	<i>Door people, visit our guests, help set up mattresses</i>	
<input type="checkbox"/>	Overnight Crew 11:00 PM – 6:00 AM	<i>Keep site clean, check washrooms, watch exits</i>	
<input type="checkbox"/>	Breakfast Crew 6:00 AM – 8:30 AM	<i>Wake guests, serve breakfast, clean of kitchen area</i>	
<input type="checkbox"/>	Cleanup – AM 7:00 AM – 8:30 AM	<i>Clean hall, clean bedding, take blankets for cleaning</i>	

I AM INTERESTED IN VOLUNTEERING

<input checked="" type="checkbox"/>	Shift	
<input type="checkbox"/>	EVERY WEEK	Starting Date: _____
<input type="checkbox"/>	EVERY OTHER WEEK	
<input type="checkbox"/>	ONCE PER MONTH	
<input type="checkbox"/>	OTHER: <i>Please Specify</i>	

PLEASE TURN PAGE OVER

TELL US A LITTLE ABOUT YOURSELF

Home Church (if applicable)	
Occupation	
Community Affiliations	
Skills	
Hobbies and Special Interests	
Languages Besides English	
CPR	
First Aid Training	
Other	

Training that may be provided by Out of the Cold Steering Committee

Health and Safety Training	
Mental Health	
Crisis Intervention Training (must have)	

**ALL VOLUNTEERS MUST
READ AND SIGN BELOW**

Our guests are to be treated with dignity and respect at all times. Consistent with that overriding emphasis is the importance of respecting the right to privacy and confidentiality of our guests. If we succeed in creating a warm and welcoming atmosphere it is possible that our guests will share with some of us their hurts and personal information. It is our commitment that any such information be kept confidential.

I will respect the dignity and privacy of our guests and will neither judge nor preach. I understand the need to treat any information obtained in strict confidentiality.

Date	Signature
------	-----------

I am willing to undergo a police records check should that be deemed necessary for my volunteer position.

Date	Signature
------	-----------

Personal References

Name	Phone no.