



Homeless Connect

September 23, 2017



Volunteer Application

Must be 19 years or older to volunteer

Date: ____ / ____ / ____

| | | | |
|---|--------------------|-------------------------------|---------------------------------|
| Last Name: | First Name: | Male <input type="checkbox"/> | Female <input type="checkbox"/> |
| Address: | Cell/Home Phone: | Date of Birth: | |
| City: | Work Phone: | Age: | |
| Zip Code: | Email: | | |
| Affiliate : <input type="checkbox"/> Church <input type="checkbox"/> Agency <input type="checkbox"/> Other | Name of Affiliate: | | |

T-Shirt Size: SM MED LG XLG 2XLG 3XLG 4XLG

| | | |
|---|------------------------------|-----------------------------|
| Do you have any health concerns that would limit where and how you volunteer? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, please explain: | | |
| Would you like to volunteer for Love INC in the future? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Volunteering options on back portion

Mark Areas of Interest

Pre-Event Volunteers:

- Set up event** - Friday, September 22, 4:00 - until
- Miscellaneous Office Work** - week of event

Event Volunteers: Please select only **one**

Event Security

- Monitoring facility
- Crowd control
- Parking attendants
- Bus drop off/pick up area

Relational Volunteers:

- Host/Hostess - ride on transportation vehicles
- Guide - paired with guests to walk through event

Post-Event Volunteers:

- Trash and site cleanup**

Runners

- Miscellaneous duties

Food Services

- Food preparation
- Serving