

# 2016-17 OWL Volunteer Application



## Contact Information

Name (first, last)	
Street Address	
City, Street & ZIP Code	
Mailing Address ( <input type="checkbox"/> if same as physical address)	
Date of Birth & Age	
Gender	
Home Phone	
Work Phone	
Cell Phone	
Is it ok to text you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E-Mail Address	
What is your preferred method of contact?	<input type="checkbox"/> Home Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Cell Phone (texting) <input type="checkbox"/> Cell Phone (calling) <input type="checkbox"/> Email <input type="checkbox"/> Other: _____

## Availability

Days available to serve:

- Any day of the week
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

Shifts available to serve:

- Evening shift (7:00 - 11:30 PM)
- Overnight shift (11:30 PM - 6:00 AM)
- Morning shift (5:30 – 9:00 AM)

Site preference (if you have one)

- New Life Assembly of God, Ilwaco
- Peninsula Church of the Nazarene, Long Beach
- Peninsula Church Center, Seaview
- St. Mary's Catholic Church, Seaview
- Chinook Lutheran Church, Chinook

## Interests

Are you interested in:

- Driving
  - License #: \_\_\_\_\_
  - State: \_\_\_\_\_
  - Expires: \_\_\_\_\_
- Laundry of Bedding
- Donation collection/shopping
- Organizing the trailer (weekly)

Do you have a current CPR/First Aid training certification?  Yes  No

➤ If yes, what is the expiration date: \_\_\_\_\_

➤ If no, are you interested in becoming certified?  Yes  No

Do you have a food handler's card?  Yes  No

Are you a veteran?  Yes  No

**Can you commit to serve one day a week for the months of November through March?**  Yes  No

➤ If no, please specify how often you would like to volunteer: \_\_\_\_\_

### Previous Volunteer Experience

Have you previously volunteered for another AmeriCorps supported program (Big Brothers Big Sisters, Boys and Girls Club, Teen Advocacy Coalition, Crisis Support Network)?  Yes  No

Do you have any experience working/volunteering at an overnight emergency shelter?  Yes  No

➤ If yes, please detail below (including where and when)

Do you have other training or experience that you would like us to know about?  Yes  No

➤ If yes, please detail below

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### Person to Notify in Case of Emergency

Name	
Phone	
Relationship	
Do you have any allergies or medical conditions in case of emergency?	

### Professional or Personal References

Name	Relationship	Phone	Email

### Thank you!

Thank you for your interest in becoming an Overnight Winter Lodging volunteer. Please submit your completed application to Peninsula Poverty Response at P.O. Box 655, Ocean Park, WA 98640, fax to (360)-642-6130 or bring to a training. For questions, please call (501)-777-5244 or email [americorps@peninsulapovertyresponse.org](mailto:americorps@peninsulapovertyresponse.org)

Do you know other reliable, caring people (friends, family, coworkers) who would make excellent volunteers? Refer them to us!

Name	Phone	Email

Can we mention you sent us?  Yes  No