

OWL: OVERNIGHT WINTER LODGING VOLUNTEER APPLICATION

Date of application: _____

PLEASE PRINT

First Name: _____ Middle Initial: _____ Last Name: _____

RETURNING VOLUNTEERS - Please fill out section 1, update any changes in contact information, and return to OWL. Background Checks are good for 2 years. NEW VOLUNTEERS – Please fill out the information and the background check.

SECTION ONE:

Days Available to Serve: _____ Shifts Available to Serve: _____

- Any day of the week
Monday (PCN)
Tuesday (PCN)
Wednesday (St. Mary's)
Thursday (St. Mary's)
Friday (St. Mary's)
Saturday (New Life)
Sunday (New Life)
Evening Shift 7:00-11:30 PM
Overnight Shift 11:30 PM - 6:00 AM
Morning Shift 5:30 AM - 9:00 AM
Other:
Driver: License # State Expires
Laundry of bedding
Collect donations/Shopping
Organizing the trailer (weekly)

Can you commit to serve one day a week for the months of November through February? Yes No
If no, please specify how often you would like to volunteer: _____

SECTION TWO:

Physical Address: _____ Apt/Unit: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ Gender: Male Female Transgender

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Is it okay to text you? Yes No

E-mail: _____

Preferred method of contact:

- Home Phone Cell Phone Work Phone E-mail Other: _____

Emergency Contact: Name: _____ Phone: _____ Relationship: _____

Any allergies or medical conditions in case of an emergency? _____

Professional/Personal References:

Name: _____ Relationship: _____ Phone #: _____ Email _____

Name: _____ Relationship: _____ Phone #: _____ Email _____

Do you have current CPR/First Aid training? Yes No Do you have a food handler's card? Yes No

Are you a veteran? Yes No

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

If yes, where and when? _____

Do you have other training/experience that you would like us to know about? _____

Thank you for your interest in becoming an Overnight Winter Lodging volunteer. Please submit your completed application to Peninsula Poverty Response at PO Box 655, Ocean Park, WA 98640 or bring to a training. For questions, contact PPR 360-783-2688 or 360-642-4520. Email: ppramericorps@gmail.com or peninsula.nazarene@gmail.com