Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would like to volunteer for: Set Up\_\_\_\_Clean Up\_\_\_\_Meal Prep/Cook\_\_\_\_Serve Meal\_\_\_\_\_

Check In\_\_\_\_\_Check Out\_\_\_\_\_\_Overnights\_\_\_\_\_ Shower \_\_\_\_\_ Room/Laundry\_\_\_\_\_

Other/Describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Opportunities available: Notify Homeless through Street Outreach\_\_\_Phone Calls\_\_\_\_

Solicit for needed supplies\_\_\_Advocacy and Resourcing\_\_\_Pick Up Donated Items\_\_\_

Please tell us any limitations you may have or accommodations you need to ensure your safety:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please tell us any medical issues we should know in case of emergency:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Alternate#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Citrus County Cold Weather Shelter is a cooperative and Collaborative effort between multiple organizations within our community. No one organization or agency is responsible for any injury, damages or liable for any problems that may arise out of your choice to volunteer to participate within your capacity. By signing this form you agree with this statement and agree to follow any guidelines set forth by the task force designed to protect not only you but those we serve.You also agree that you are not in violation of any court orders by participating in any of our activities and that you will do your due diligence to maintain a safe environment for all.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_

Witness Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_

Parents of minors: Please note, for the safety of your children , we require that all children(anyone under 18) volunteering must be accompanied by a family member at all times and not be left unattended with clients of the Cold Weather Shelter or any one that is not designated by guardians. By signing below you agree and understand this policy.

Parent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Minor Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_