Citrus County Cold Weather Shelter
Volunteer Information and Release

Date: _____/_____/_____

Name:_____

Best Contact Phone# _____ Email_____
How do you prefer we contact you? (please circle one) **Email** **Phone Call** **Text**

I would like to volunteer for: **Set Up(4:30-6pm) _____ Serve Dinner(5-8pm)_____**
Intake Desk(5-8pm) _____ Check Out(5:30-7am) _____ Overnights(10pm-6am)_____
Shower(7-11pm)_____ Smoke Monitor(6-10pm) _____ Donation Collection(4:30-8pm)_____
Laundry Transporter _____ Photography (4:30-8pm) _____ Teen Runners (5-10pm)_____
Dining Room Monitor(6-10pm) _____ Serve Breakfast(5-7am)_____ Check Out Desk(5-7am)_____
Other/Describe_____

Other Opportunities available: **Street Outreach_____ Phone Calls_____ Meal Prep/Cook_____**
Solicit for needed supplies_____ Advocacy and Resourcing_____ Pick Up Donated Items_____

Leadership Opportunities**: Coordinator_____ Dinner Meal Coordinator_____**
Breakfast Coordinator_____ Intake Desk Lead_____ Shower Lead_____ Check Out Desk Lead
_____

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:
_____

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Emergency Contact Name:_____

Phone_____ Alternate#_____

Address_____

The Citrus County Cold Weather Shelter is a 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 CCCWS committee 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. No more than one minor child per adult volunteer.

Parent Signature _____

Minor's Name _____