

Volunteer Information for 2015
BCFS Medical Shelter @ First United Methodist Church

Name: _____

Address: _____

City: _____ Zip: _____

Daytime Phone: _____

Mobile Phone: _____ Do you text: Y N

Email Address: _____

Church Affiliation: _____

Days/Dates you will be unavailable this season (work days, vacations, etc.)

Any other availability information:

(Please circle all Positions, Shifts and Days you are willing to work)

Positions:

Caregiver (2-5 per shift)
Front Desk Greeter/Registrar (2 per shift)
Custodial/Maintenance (2 per shift)
Transporter (2 per shift)

Shifts:

8 AM – 4 PM
4 PM – 12 midnight
12 midnight – 8 AM
Other _____

Days:

Monday
Tuesday
Wednesday
Thursday
Friday
Saturday
Sunday

Kitchen Staff/Servers (3 per shift)

6 AM – 10 AM
10 AM – 3 PM
3 PM – 8 PM

Office Use: ___ Add to Roster ___ Add to Email

BCFS Forms Status

___ Application ___ Background Check ___ Confidentiality Statement ___ Sent to BCFS