

Application To Volunteer at The Middlefield Emergency Shelter

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Age: \_\_\_\_\_

Availability: \_\_\_\_\_

How many hours would you be able to assist ? 2-4 \_\_\_\_\_ 4-8 \_\_\_\_\_ 8-12 \_\_\_\_\_

Are you able to get to the emergency shelter in bad weather ? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you volunteer if someone picked you up in bad weather? Yes \_\_\_\_\_ No \_\_\_\_\_

First Aid/Medical Experience ? Yes \_\_\_\_\_ No \_\_\_\_\_

CPR Certified: Yes \_\_\_\_\_ No \_\_\_\_\_

Certifications: \_\_\_\_\_

Experience: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_