



PARTNERING FOR STABILITY

ECHOS Winter Shelter Volunteer Form

Name: _____
Last
First
M.I.

Address: _____
Street Address
City
Zip Code

Home Phone: _____ Cell Phone: _____

Texting Capability? Yes/No

Email _____ Church Affiliation/
 Address: _____ Community Group: _____

Emergency Contact Information:

Name: _____ Cell Phone: _____

Check all positions that you are interested in:

<input type="checkbox"/>	Team Leader 6:00pm - 9:15pm	<input type="checkbox"/>	Overnight Volunteer 8:30pm – 6:30am	<input type="checkbox"/>	Meal Preparation	<input type="checkbox"/>	Laundry Volunteer Monday Morning
		<input type="checkbox"/>	Occasional Overnight Volunteer				
		<input type="checkbox"/>	Regular Overnight Shift				
<input type="checkbox"/>	Evening Volunteer (Greeter) 6:15pm – 9:00pm	<input type="checkbox"/>	Morning Volunteer (Clean-up) 6:30am – 8:30am	<input type="checkbox"/>	Church/Organization Ambassador (Point Person for Communication)		

Extended availability during snowstorm? Yes No

Which trainings would you be interested in?
 Cultural Diversity Substance Abuse
 Mental Health CPR/First Aid

Supported by Community Agencies & Members, Faith Communities, Elizabethtown College and Lancaster County Coalition to End Homelessness

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