

**Project Homeless Connect Norfolk
Volunteer Application Form
June 28, 2019**



Please fill out this form for each volunteer applicant.

Contact Information:

Name: _____

Address: _____

City: _____ State: _____

Phone Number: _____ Email Address: _____

Are you 19 years of age or older by June 28, 2019: Yes or No

Emergency Contact:

Name: _____

Relationship: _____ Phone Number: _____

Were you a Volunteer for 2018? Yes or No
If yes, which area? _____

Have you or a spouse ever served in the Military? Yes or No

Are you Bilingual? Yes or No

Do you hold any professional certifications (ex. Certified Nursing Aide, Medication Aide, Registered Nurse)? Yes or No

Please List what type of Professional License you hold: _____

T-Shirt Size: _____

T-Shirts will only be given to volunteers that register at least 2 weeks prior to event.

Volunteer Availability:

_____ I can Volunteer all day

_____ I can Volunteer from 11:00am-2:30pm

_____ I can Volunteer from 2:00pm-5:00pm

Please mark 2 areas you are interested in volunteering in
If you are a group and are interested in Set-up/Tear-down, please email
Angela.korth@nebraska.gov

Navigator: _____

(Must be 19)
With the guest the
entire process taking
them to resources
according to guest
need.

Set-Up: _____

Set-up of event the
evening before.

Tear-Down: _____

Clean up after the
event is over.

Daycare: _____

Assist in the daycare.
Including supervising
children that are
unable to go into the
event and checking
children in and out.

Floater: _____

Assist in various areas
such as taking out trash,
handing out water,
running paperwork,
greeting guests,
directing guests, and
handing out donation
items.