

ICRH VOLUNTEER SIGN UP SHEET

ICRH really appreciates the many people whose willingness to volunteer makes the shelter possible.  
NOTE: Volunteers must be at least 12 years old and accompanied by a parent or legal guardian if under 18.

Name (Volunteers must be able to show a valid ID):

\_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

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

Please note the host site or partner organization (if any) through which you are volunteering: \_\_\_\_\_

Please indicate when you are available with either a D for during the day and N for during the night:

Sunday\_\_\_\_\_ Monday\_\_\_\_ Tuesday\_\_\_\_\_ Wednesday\_\_\_\_\_ Thursday\_\_\_\_\_ Friday\_\_\_\_\_ Saturday\_\_\_\_\_

Please indicate the shifts during which you are able to volunteer:

- \_\_\_\_\_ Overnight supervision: 9:30 p.m. to 6:30 a.m., maintain the security and well-being of guests\*
- \_\_\_\_\_ Dinner: serve dinner to guests and staff and clean up afterwards\*
- \_\_\_\_\_ Evening Host: help with checking in guests, assign bedding, supervise smoking breaks, mingle with guests\*
- \_\_\_\_\_ Morning clean up: 6:00 a.m. to 8:30 a.m., ensure that all guest possessions, mats, and anything else used for shelter purposes are stored away and that the host site is neat and clean after guests leave\*

Please also indicate your availability for the following tasks:

- \_\_\_\_\_ Transportation of supplies: Sunday morning/afternoon; transport supplies and equipment, such as mats and totes, from one host site to another
- \_\_\_\_\_ Shower supervision: supervise the transportation of guests to shower facility on Wednesday and Saturday\*
- \_\_\_\_\_ Help with intake 4:30-6:30 at the UU Fellowship of Central MI 319 S. University Mt. Pleasant
- \_\_\_\_\_ Emergency back-up: when needed for any task\*

\* These tasks require a background check (paid for by ICRH). Please provide the following information for the background check:

Race (you may note unknown or other): \_\_\_\_\_ Gender: \_\_\_\_\_

Date of birth (month, date, and year [all four numbers]): \_\_\_\_\_

I agree to a back ground check:

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

When complete, please email completed form to ryan@icrhouse.org, fax to 989-773-3026 or mail to ICRH, P.O. Box 698, Mt. Pleasant, 48804.