



**Beds for Freezing Nights
Volunteer Application**
 "Warm hearts, warm beds on freezing nights"
 (541) 968-3357
 www.freezingnights.com

Thank you for your interest in extending a generous hand and compassionate heart to those who are homeless in our community. The Beds for Freezing Nights Coalition consists of members of the Cottage Grove community representing service providers, religious congregations, nonprofit organizations, concerned individuals and homeless people. This coalition mobilizes individuals for action when temperatures fall to 29 degrees F. Please mail this completed application to **Beds for Freezing Nights, PO Box 1110, Cottage Grove, OR 97424.**

PLEASE PRINT

First Name _____ Last Name _____

Social Security # (for criminal background check) _____

Address/City/State/Zip _____

Business/Group Affiliation (if any) _____

Phone (H) _____ Phone (W) _____ Cell _____

Email (preferred) _____ Email (secondary) _____

Are you 18 years of age or older? Yes No

Are you currently certified in Basic First Aid/CPR? Yes No

Are you willing to attend a training session prior to volunteering for service? Yes No

(Note: Checking "NO" to any of the above questions does NOT disqualify you from all volunteer positions)

How did you hear about Cottage Grove Beds for Freezing Nights? _____

Please list any skills or volunteer/professional experience relevant to working with homeless people or people in crisis. *Experience is not a prerequisite for volunteering, but may help us fit you to the best task(s).* _____

- Please indicate your **area(s) of interest:**
- | | | |
|---|---|--|
| <input type="checkbox"/> Site Volunteer | <input type="checkbox"/> Set up/pack up | <input type="checkbox"/> Logistics |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Volunteer training & records | |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Media | <input type="checkbox"/> Web design/master |
| <input type="checkbox"/> Board Member | <input type="checkbox"/> Other: | |

Please indicate the **shift(s)** you would be most likely available to work:

- SHIFT ONE: 6:00 pm – 11:00 pm (setup & open)
- SHIFT TWO: 10:45 pm – 4:00 am (overnight)
- SHIFT THREE: 3:45 am – 8:00 am (pack up & close)
- I can work any shift

Please list months, weeks or days that you are **NOT** available from November 15th to March 31st:

My signature authorizes BFN to process my required background check (Please submit \$10 with application)
(Make checks out to Beds for Freezing Nights)

 Applicant Signature

 Date of Application

**Our mission: To provide a safe, warm place to sleep
 for those who wish to come inside during the coldest nights of the year.**