



# Beds for Freezing Nights Volunteer Application

“Warm hearts, warm beds on freezing nights”  
[www.freezingnights.com](http://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"/> Volunteer training & records
<input type="checkbox"/> Communications	<input type="checkbox"/> Set up / pack up <input type="checkbox"/> Logistics
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Board Member <input type="checkbox"/> Media
<input type="checkbox"/> Web design/master	<input type="checkbox"/> Other:

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

- SHIFT ONE: 6:45 pm – 11:00 pm (setup & open)
- SHIFT TWO: 10:45 pm – 4:00 am (overnight)
- SHIFTTHREE: 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 15<sup>th</sup> to March 31<sup>st</sup>:

**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.**



**Beds for Freezing Nights  
Volunteer Agreement**  
PO Box 1110, Cottage Grove, OR 97424

The mission of Beds for Freezing Nights (BFN) is to ensure that homeless people in Cottage Grove who want to be inside during extreme cold weather have a place to go. We respect the dignity of all humans, especially those who have no shelter. We are dedicated to creating a space that is physically and emotionally safe for all, regardless of race, ethnicity, nationality, religion, gender, or sexual orientation.

As a volunteer staff member with Beds for Freezing Nights, I agree to the following:

1. I support the mission and values of BFN as stated above.
2. I am willing to follow directions and abide by decisions made by lead staff members of BFN.
3. I will endeavor to keep my commitments to BFN. If I have agreed to work a shift but find that I am unable to do so, I will contact the Volunteer Coordinator as soon as I know so that a replacement can be found.
4. I agree to follow protocols regarding reporting abuse of children and other vulnerable persons.
5. I understand that BFN is not an appropriate place for any form of manipulation or pressure.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

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

# VOLUNTEER STAFF MEMBER RECORD

SERVICE PERIOD: November 15 – March 31

LEGAL NAME: \_\_\_\_\_

NICKNAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

BIRTHDATE: \_\_\_/\_\_\_/\_\_\_ DRIVER LICENSE #: \_\_\_\_\_ ST: \_\_\_\_\_

*IN CASE OF EMERGENCY, PLEASE CALL:*

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

OTHER CONTACTS (OPTIONAL): \_\_\_\_\_

Are you bilingual? \_\_\_ Yes \_\_\_ No

If so, which language(s) do you know? \_\_\_\_\_

At what level? \_\_\_ Conversant \_\_\_ Fluent

Are you willing to assist in conversations during your work schedule should the need arise? \_\_\_ Yes \_\_\_ No

Admin Use Only

Application Completed: \_\_\_\_\_

Criminal background check: \_\_\_\_\_

CPR/First Aid: \_\_\_\_\_

Orientation Training Completed: \_\_\_\_\_