



# Volunteer Application

Operation Nightwatch  
www.seattlenightwatch.org  
PO Box 21181, Seattle WA 98111  
Phone: 206-323-4359  
info@seattlenightwatch.org

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency contact Name/Phone: \_\_\_\_\_

Best way to contact me: \_\_\_\_\_ Do not add me to your mailing list

Please indicate if you are **skilled** or **interested** in a particular area by checking the box:

- Working with People:**  Cooking/serving meals  Passing out socks/hygiene products  
 Game/movie nights with senior tenants  Friend for senior tenant  
 Driving clients to shelter
- Administration:**  Mailings  Data entry  Website Support
- Behind the Scenes:**  Picking up donations  Baking pastries  Organizing
- Facility Maintenance:**  Yard work  Gardening  Painting  Cleaning
- Special Events:**  Fundraising  Photography  Gift wrapping  
 **Annual sock drive (December)**  **Annual Event (November)**

How frequently are in interested in volunteering? Regular Basis  One time  Flexible times

Please check the times and days that you would be generally be available:

Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning 8-12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon 12-4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening 6-10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Liability Release** – I hereby release, indemnify and hold harmless Operation Nightwatch, its officers, directors and employees, and the organizers, sponsors and supervisors of all volunteer activities from any and all liability in connection with any injury I may sustain (including any injury caused by negligence) in conjunction with the service of any volunteer activity.

**Photo Release** – I agree that my image, quotes and other forms of expression may be used in any of the following marketing and communications purposes for an indeterminate amount of time: internet, marketing materials, grants, newsletters, or press articles.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please help us get to know you better by answering the following questions.**

- How did you hear about Operation Nightwatch?
  
  
  
  
  
  
  
  
  
  
- Why are you interested in volunteering with a Faith Based organization?
  
  
  
  
  
  
  
  
  
  
- Why do you think people are homeless?
  
  
  
  
  
  
  
  
  
  
- Why do you want to help?

**Please complete only if you are applying to drive the ONW van:**

*By signing below, you are confirming that you do not have a felony, and are authorizing Operation Nightwatch to do a criminal history check, as well as a review of your driving record.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Attach a copy of your driver's license**

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