



Operation Nightwatch
 www.seattlenightwatch.org
 PO Box 21181, Seattle WA 98111
 Phone: 206-323-4359
 Fax: 206-323-4165
 info@seattlenightwatch.org

Volunteer Application

Date _____

Name _____ Birth date _____

Address _____

City _____ State _____ Zip _____

Email _____

Home phone _____ Cell phone _____

Emergency contact person _____

Phone _____ Relationship _____

Please contact me by phone email Do not add me to your mailing list

Please indicate if you are **skilled** or **interested** in a particular area by marking 'S' or 'I' in the blanks provided:

Administration: Mailings Data entry Website

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

Behind the Scenes: Picking up food donations Baking pastries Organizing supply closet

Facility Maintenance: Yard work Gardening Repairs Painting Cleaning Hauling

Special Events: Fundraising Photography Gift wrapping Birthday parties Annual sock drive

Please list any other special skills or areas of interest:

How frequently would you be able to volunteer? Regular Basis One time Flexible times

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

Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Night	<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 the project listed above.

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.

1. How did you hear about Operation Nightwatch?

2. Why are you interested in volunteering at Operation Nightwatch?

3. Why do you think people are homeless?

4. Why do you want to help?

Please complete only if you will be driving the ONW van:

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

Signature _____ Date _____ Birth date _____
(Required only if you will be driving the ONW van)

For Office Use Only:

Background _____ Driving _____ Approved _____ Date _____