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| --- | --- | --- | --- |
| **Full Name** |  | | |
| **Street Address** |  | | |
| **City, State, Zip** |  | | |
| **Home Phone** |  | | |
| **Cell Phone** |  | | **Text? □ Yes □ No** |
| **Email Address** |  | | **Email on phone? □ Yes □ No** |
| **DOB** |  | | **(Minors will need parent signature)** |
| **Employer** |  | | |
|  |  | | |
| **PLEASE LIST ANY SPECIAL TRAINING OR SKILLS THAT COULD BE OF SERVICE WITH C.O.T.S.** | | | |
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| **PLEASE MARK ANY AREAS WHERE YOU WOULD LIKE TO VOLUNTEER** | | | |
| □ Homeless Outreach Monday or Thursday nights | | □ Disaster Relief | |
| □ Park/Children’s Outreach | | □ Prayer Ministry | |
| □ Clothing Ministry | | □ Street Outreach Team | |
| □ Food Truck/Serve food *(Must have a Hepatitis A shot and give printed copy to be kept on file)* | | | |
| □ Provide a service such as: hair cutting, chiropractic care, medical care, human trafficking education, pet therapy, praise and worship, monthly financial supporter, donation barrel business location, pick up donations, or other  Please list here: | | | |

**PREVIOUS VOLUNTEER EXPERIENCE:**

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**HOW DID YOU HEAR ABOUT US?**

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| **IN CASE OF EMERGENCY, PLEASE CONTACT** |  |  |
| **Name** | **Phone #** | **Relationship** |
|  |  |  |

|  |  |
| --- | --- |
| **Signature:** | **Date:** |
| **Parent/Guardian Signature (for minors)** | |

*\* your signature indicates that you will abide by the fundamental values of Churches on the Streets STL, which is a non-profit, faith based collaboration of Christians who love God and believe according to His Word that we are to help the poor, the lost, and the hurting.*