



# Eastbourne Winter Night Shelter

I was a stranger and you invited me in... **MATTHEW 25:35**

## Volunteers Application Form

Please complete the form in **blue or black ink** and attach extra sheets of paper if there is not enough space provided.

About You	
Name	
Address	
Phone number(s)	
E-mail	
Church	
Age group (please circle)	Minimum age 18 18-20    20s    30s    40s    50s    60s    70s    over 70s
Please tick:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Your Availability and Role	
Do you have a preferred Church that you would like to work with?	Yes / No    (If Yes, then please give name of church)
Do you have a preferred day of the week? Please circle.	Mon    Tue    Wed    Thu    Fri    Sat    Sun    Any
If needed at another venue could you do any other nights?	Mon    Tue    Wed    Thu    Fri    Sat    Sun    Any
The Shelter will need a rota of helpers for 3 shifts, please indicate which shift you might be able to help with.  Also indicate if this is occasional help, or regular weekly help (as far as possible) for the 3 month period.	Early evening 6pm - 10:30pm <input type="checkbox"/> Overnight 10:15pm - 7am <input type="checkbox"/> Morning 6:45am - 8:15am <input type="checkbox"/>  Every Week <input type="checkbox"/> Every other week <input type="checkbox"/> Occasional <input type="checkbox"/>
You may be able to offer to help in other ways. Please tick as appropriate.	Preparing Food (at the venue) <input type="checkbox"/> Sandwiches off site <input type="checkbox"/> Fundraising <input type="checkbox"/> Prayer team <input type="checkbox"/>



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Do you have a current <b>first aid</b> qualification?	Yes / No	Date
Do you have a current <b>food hygiene</b> qualification?	Yes / No	Date

## Any Previous Experience that may be relevant

Do you give permission for the personal details in this form to be kept on a database for 2 years from the signature date for the purpose of our administration of the night shelter? YES / NO

Signed..... Date.....

(If you are returning this form electronically, you may sign this at a later date)

Please ask your Church Leader to sign the following:

.....(Name of volunteer) is known to me and I fully support his/her participation in this project

Signed.....Title.....  
(Church Leader)

Date.....

Please return this form to either the Church Coordinator of your chosen Host Church or to the Project Coordinator: David Barratt, 12 Leeward Quay, Eastbourne BN23 5UD or by email: [david@kingdomwaytrust.org](mailto:david@kingdomwaytrust.org)