# USING THIS RESOURCE

Your Volunteer Registration Form should be made available to prospective volunteers via your PiT Count website. The information gathered in this Sample Volunteer Registration Form will assist in your effort to build Teams and assign Team Leaders. Volunteers can email their completed form to a designated address or complete an electronic registration, via Survey Monkey, Volunteer Spot or another online management system. Bring hard copies of the Form to Training so last minute volunteers can register.

Note: At the time of registration you may wish to indicate that participation is limited and that the PiT Count Coordinator and PiT Count Committee reserves the right to select volunteers based on need and suitability

# Sample Volunteer Registration Form

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have lived experience of homelessness: [ ] Yes [ ] No [ ] Decline to Answer

Languages fluently spoken, read and written **[Customize based on your community]:**

**[ ] English [ ] French [ ] Spanish [ ] Cantonese [ ] Mandarin**

**[ ] Tagalog [ ] Urdu [ ] Italian [ ] Portuguese [ ] Russian**

Age: [ ] 18+

[ ] 16-17 (must be accompanied by parent or guardian)

[X]Under 16 (not eligible to participate)

Have your previously participated in a Point-in-Time Count?

[ ] Yes [ ] No

Do you have experience working with individuals that are homeless or experience in a relevant field (ex. Social work, health, research, child and youth work)?

[ ] Yes [ ] No

If yes please explain.

If yes, are you interested in being a Team Leader? [ ] Yes [ ] No

**Team Leaders** take on additional responsibilities regarding the safety and coordination of a small group of volunteers. Ideally, Team Leaders will be experienced in working with a homeless or street-involved population, or a group of a similar composition.

Other Skills (please select all that apply) **[Customize based on your community]:**

[ ] Research [ ] Interviewing [ ] Counseling

[ ] Leadership [ ] Volunteer Management [ ] Data Entry

[ ] Graphic Design [ ] Writing/Editing

Are you interested in follow-up volunteer activities with the **(Name of Count)?** This could include data entry, volunteer recognition, promotional events etc.

[ ] Yes [ ] No

The majority of people will be assigned to street-level surveys. Some people will be assigned to work at headquarters or to conduct surveys in a shelter. Please indicate your preference:

[ ] Street Surveys [ ] Shelter Surveys [ ] Headquarters [ ] No Preference

**If you selected Street Surveys:** Are you able to stand/walk for up to **THREE** hours?

[ ]Yes [ ] No

Do you have a medical condition or disability that you feel is important for us to be aware of? If so, please indicate here or call XXX-XXX-XXXX to discuss your ability to participate in the **(Name of Count)** .

Are you attending the count with a friend/family member? [ ] Yes [ ] No

Please list full names and phone numbers:

In the event of an emergency, please contact:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Affiliated Agency (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_