

**Talbot Interfaith Shelter (TIS)
Volunteer Registration**

Name _____

I agree to a background check. Sign and date: _____

Street Address _____

Mailing Address (if different) _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

Email Address _____ Sex _____ Age _____

Faith Community Affiliation (if applicable) _____

Check the areas in which you would like to volunteer:

_____ Host Facility Leader*

_____ Evening Shelter Supervisor (on site from 5:30-11:30 PM for one evening or more)

_____ Overnight Shelter Supervisor* (on site from 11:00 PM – 7:30 AM for one evening or more)

_____ Preparing dinner at home and serving it (on site from 5:30-7:30 PM)

_____ Transportation (Volunteers needed to move and set up supplies on Sunday afternoons and also to transport guests at 5:45 PM and 7:00 AM daily)

_____ Laundry

*Requires background check

Note any special skills or qualifications you have that may be helpful to the Talbot

Interfaith Shelter: _____

Return to: Lisa Menditch

PO Box 596 St. Michaels, MD 21663

Fax) 410-745-2966

Phone) 410-745-6563

lmenditch@verizon.net