

2018 BRIDGING THE GAP

STAND DOWN FOR HOMELESS VETERANS

QCCA EXPO CENTER 2621 – 4TH AVENUE, ROCK ISLAND IL 61201

3 Day Event Thursday SEPTEMBER 13th Friday SEPTEMBER 14th Saturday SEPTEMBER 15th

Please print legibly

VOLUNTEER APPLICATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE _____

EVENING PHONE _____ CELL _____

EMAIL ADDRESS _____

SPECIAL SKILLS OR SPECIAL NEEDS _____

OTHER _____

IF YOU NEED SPECIFIC TIME...PLEASE NOTE. Usually shifts are 2-4 hours-- PLEASE FILL IN TIMES YOU ARE available

WEDNESDAY – SEPT 12TH (SET UP)-10am--3pm....FROM HRS _____ TO _____

THURSDAY – SEPT 13TH (SET UP)-10am--3pm.....FROM HRS _____ TO _____

3:30—6:30.....FROM HRS _____ TO _____

FRIDAY – SEPT 14th 6:30am--6:30pmFROM HRS _____ TO _____

SATURDAY – SEPT 15th 6:30am—12 noon.....FROM HRS _____ TO _____

Sat After lunch (CLEAN – UP & pack up) 12 noon—2pm.....FROM HRS _____ TO _____

I DO HEREBY HOLD HARMLESS AND RELEASE FROM RESPONSIBILITY, Bridging the Gap- QUAD CITIES STAND DOWN AND OTHERS SERVICE PROVIDERS FROM ANY AND ALL INJURY TO MYSELF, BE IT SELF-INFLICTED OR AS A RESULT OF OTHERS, WHILE BEING A PARTICIPANT IN QUAD CITIES STAND DOWN. ALL INFORMATION COLLECTED ON THIS FORM IS CONFIDENTIAL AND WILL BE USED ONLY FOR THE PURPOSE OF STAND DOWN.

SIGNATURE _____ DATE _____ 2018

** IN CASE OF EMERGENCY CONTACT _____ RELATIONSHIP _____ PHONE _____

PLEASE RETURN THIS VOLUNTEER APPLICATION TO: GLORIA MENZER volunteer coordinator

EMAIL: volunteer4standdown@ yahoo.com 309-593-4400

I will will not (circle one) be attending the volunteer meeting. 9/4 @6pm at the QCCA Expo Center

I received a copy of the policy form _ ____ (initial)