

2024 BRIDGING THE GAP

STAND DOWN FOR HOMELESS VETERANS

American Legion Davenport Post 26, 702 W 35th St Davenport, IA

1 Day Event Thursday February 15

Please print legibly

VOLUNTEER APPLICATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE _____

EVENING PHONE _____ CELL _____

EMAIL ADDRESS _____

SKILLS OR SPECIAL NEEDS _____

OTHER _____

IF YOU NEED SPECIFIC TIME...PLEASE NOTE. Usually shifts are 2-4 hours-- PLEASE (X) TIMES YOU ARE available

- 7-8am **Setup** setting up tables and chairs, hanging coats, etc _____
- 8-9 Assisting agencies bringing in their materials _____
- 9-2 Tag checking for proof of agency visits _____
lunch is provided
- 10:30-1 help serve lunch _____
- 9-2 Couple people just to be runners/helpers, pack up _____

***if you can only do part of a shift, just note that also...

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 _____ 2023

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

PLEASE RETURN THIS VOLUNTEER APPLICATION TO: GLORIA MENZER volunteer coordinator
EMAIL: volunteer4standdown@ yahoo.com 309-593-4400 (prefer calls 1-5pm)

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