A-SPAN
Arlington Street People's Assistance Network

Volunteer Profile

Please fill out this form, sign and return to A-SPAN staff or fax to (703)820-4405.

Name: _____ Date: _____
Last First M.I.

Mailing Address:

_____
Street City State Zip

Home Phone: _____Work Phone: _____

Email address(es): _____ ☐ ☐

What languages do you speak? _____

How did you hear about A-SPAN?_____

If you are a **current A-SPAN volunteer**, please indicate which program or activity:
___ HBMP ___ EWS ___ EWS or HBMP Team Leader ___ EWS meal preparation

If you are a **new A-SPAN volunteer**, please indicate which program you are interested in:
___ HBMP ___ EWS ___ EWS or HBMP Team Leader ___ EWS meal preparation

How often would you like to volunteer, and what is your availability?_____

_____

EMERGENCY CONTACT**:**_____
Name City/State Phone #

Volunteer Commitment Statement: I wish to volunteer my services to A-SPAN and its homeless clients. I understand that my services may involve physical activity, contact with unidentified and unfamiliar persons, and travel between various locations which may pose risk of injury. By signing below, I assume responsibility for these risks and agree to hold A-SPAN and its agents and employees harmless against any liability for injury to my person or property. I also acknowledge that all client information, including what I see and hear, is confidential and agree to preserve that confidentiality.

Signature: _____ Date: _____