



**PROJECT
HOMELESS
CONNECT**

PLEASE RSVP NO LATER THAN March 5th 2010

PARTICIPANT INFORMATION FORM

Please complete one form for each person who would like to provide volunteer services.

**Volunteer
Name:** _____

Address: _____

City, State, Zip : _____

Contact #: _____

Email: _____

Volunteer Area:

- Intake (social work skills)**
- Escort**
- Food service 11:30-end of lunch**
- Medical services**
- Safety**
- Check in (belongings)**
- Check out (exit interview & food bag)**
- Runner (volunteer lunch pick up, etc.)**
- Other areas where needed**

How to Participate? Please complete and fax or email this form to let us know that you plan to volunteer at **Project Homeless Connect** to: **fax: (907) 459-1102 ATTN: PHC Katie Robb, email: Vistaleader@co.fairbanks.ak.us** . If you have any questions, contact Katie Robb at (907) 459-7472.

THANK YOU!