



Seacoast Interfaith Hospitality Network

A Community Response to Homeless Families

6 Emery Lane P.O. Box 233 Stratham, NH 03885

603-658-8448 (fax) 603-658-8447

sihnhh@comcast.net, www.sihnh.org

VOLUNTEER INFORMATION SHEET

Contact information:

Date: _____

Name: _____

Address: _____

Phone: _____

Email: _____

Congregation/ Group Affiliation: _____

Current Volunteer Interest (check all that apply):

- Overnight Host Evening Host
- Breakfast/Dinner Prep Special Events
- Van Driver Family Resource/Day Center
- Volunteer Trainer Laundry (towels and sheets)
- Board of Directors Other _____
- Committee Member:
 - Fundraising
 - PR
 - Outreach
 - Political Action/Advocacy

Future Volunteer Interest (check all that apply):

- I am interested in learning more about volunteering as a _____.
- I am interested in serving as a back-up volunteer when others are unavailable.
- Please contact me when Seacoast IHN needs donations of goods.

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VOLUNTEER INFORMATION SHEET

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Skills: (check all those you are interested in sharing with Seacoast IHN):

- | | |
|---|---|
| <input type="checkbox"/> Arts and crafts/scrapbooking | <input type="checkbox"/> My Occupation _____ |
| <input type="checkbox"/> Basic computer knowledge | <input type="checkbox"/> Car repair |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Carpentry |
| <input type="checkbox"/> Typing | <input type="checkbox"/> Computer (IT) |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Dentistry |
| <input type="checkbox"/> Business skills | <input type="checkbox"/> Electrician |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Hair dresser |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Medicine |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Optometry |
| <input type="checkbox"/> Driving | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Grant writing | <input type="checkbox"/> Real estate/housing |
| <input type="checkbox"/> Knitting/sewing | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Language (_____) | <input type="checkbox"/> Owner _____ |
| <input type="checkbox"/> Legal services | <input type="checkbox"/> Notary |
| <input type="checkbox"/> Making phone calls | <input type="checkbox"/> Outdoor Activities/Sports |
| <input type="checkbox"/> Music | <input type="checkbox"/> Photography |
| | <input type="checkbox"/> Reading/Writing |
| | <input type="checkbox"/> Theatre |
| | <input type="checkbox"/> Tutoring (Eng, History, Math, Sci) |
| | <input type="checkbox"/> Other _____ |

Emergency Contact Information:

Name: _____ Relationship: _____

Phone: _____

Have you attended training? (circle) yes no

Approximate dates (month/ year) of training last attended: _____

- I would prefer NOT to receive newsletters, updates and other mailings and information from Seacoast IHN. Please DO NOT put me on your mailing list at this time.

Thank you for volunteering with Seacoast IHN! We look forward to working with you!