



VOLUNTEER INFORMATION
PLEASE PRINT CLEARLY!

Name _____

Mailing Address _____

E-Mail Address _____

Telephone(s) Home _____ Cell _____ Work _____

Date of Birth _____ (month) _____ (day) _____ (year)

*** Each volunteer will have a partial background check.

Emergency Contact Person _____ Phone _____

Shift I: 6:30 – 11:00 pm Shift II: 10:45 pm – 3:00 am Shift III 2:45 - 7:30 am
To volunteer for PADS in another capacity, please complete the information for your area of interest:

To volunteer to help staff one shift monthly, please indicate three choices to help the scheduling coordination. Indicate your first preference with A, second = B, and third =C.

	Shift Indicate by placing an A, B & C in this column	Week Indicate by placing an A, B, & C in this column that corresponds with Shift choices
Cross Lutheran, Yorkville kayrav50@comcast.net	Sun ___ I ___ II ___ III	___ 1 st ___ 2 nd ___ 3 rd ___ 4 th ___ 5 th
Yorkville Congregational UCC ednpub@earthlink.net	Mon ___ I ___ II ___ III	___ 1 st ___ 2 nd ___ 3 rd ___ 4 th ___ 5 th
Harvest New Beginnings, Oswego allredmps@aol.com	Tues ___ I ___ II ___ III	___ 1 st ___ 2 nd ___ 3 rd ___ 4 th ___ 5 th
Parkview Christian Academy lynne400@yahoo.com	Wed ___ I ___ II ___ III	___ 1 st ___ 2 nd ___ 3 rd ___ 4 th ___ 5 th
Trinity Church United Methodist davidcurran001@gmail.com	Thu ___ I ___ II ___ III	___ 1 st ___ 2 nd ___ 3 rd ___ 4 th ___ 5 th

