

FMC Sanctuary Volunteer Interest Form

Please fill out this form if you would be willing to offer your time or services to FMC's work as a Sanctuary Supporting congregation in one or more of the following ways. Return all completed forms to Susan Davies, Lynn Lazar, Kim West or John Bach, or put them in tray beneath mailboxes in Library. We will be meeting with potential volunteers in small groups, and all volunteers will receive training for their chosen role.

Name (First & Last)

Email:

Phone (indicate mobile or landline):

Preferred contact method: ____phone____email

Accompaniment – In order to follow safe church practices, we will need two people to be at the church at all times (including overnight). Please mark the days you are potentially available to stay at the church on an as-needed basis:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening
<input type="checkbox"/> Overnight	<input type="checkbox"/> Overnight	<input type="checkbox"/> Overnight	<input type="checkbox"/> Overnight	<input type="checkbox"/> Overnight	<input type="checkbox"/> Overnight	<input type="checkbox"/> Overnight

Known periods of time when you know you will be out-of-town:

Total hours per week you might be available? _____

Provision of Food

- Yes, I can provide a meal Snacks
 Water Other _____

Transportation – This may involve transporting people to the church or transporting family members of sanctuary seekers to and from the church, depending on the situation.

- Yes, I can provide transportation when necessary. My vehicle can seat _____passengers.

Skills / Expertise – Check this box if you have experience as a:

- Doctor/Nurse Teacher
 Therapist/Social Worker Lawyer Other _____

Languages – Please select all languages that you speak:

- Spanish Portuguese Arabic
 Haitian Creole Cape Verdean Creole Other _____

For which of these can you act as an interpreter? _____

Please list any other services or resources you would be willing to offer: