



2021 Adams County Street Outreach Volunteer Application

Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Please detail your level of experience with street outreach and/or serving people experiencing unsheltered homelessness (relevant experience is not a requirement):

Are you willing to commit at least one volunteer shift per month for six months?

Yes

No

Emergency Contact:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

If selected as a street outreach volunteer, I understand that I serve at the request of the Adams County Department of Community Safety & Well-Being. That request can be withdrawn at any time.

Signature: _____ Date: _____

Please email the completed form to:

Lindsey Earl
Homelessness Coordinator
Adams County Department of Community Safety & Well-Being
O: 720.523.6894; learl@adcogov.org