



**COMMUNITY PARTNERSHIPS DIVISION
Homeless Initiative Partnership**

115 S Andrews Avenue, Room A370 • Fort Lauderdale, Florida 33301 • 954-357-6101 • FAX 954-357-5521

VOLUNTEERS NEEDED

VOLUNTEER REGISTRATION FORM 2011 HOMELESS COUNT & SURVEY JANUARY 24 & 25, 2011

Every two years our community is charged with counting every homeless person in Broward County and asking them to complete a survey. The count is used for all Federal and State grants and a good count helps Broward get needed resources to help the homeless population. The survey is used to provide up-to-date information about the needs of the homeless population so that we can provide appropriate services.

VOLUNTEERING TO HELP WITH THE SURVEY IS AN IMPORTANT WAY FOR YOU TO HELP
THE HOMELESS OF BROWARD COUNTY
VOLUNTEERS NEEDED: Our Target is 200
VOLUNTEER QUALIFICATIONS:

All volunteers should have a concern and compassion for homeless people and a desire to help. Some volunteers will assist sheltered homeless persons in completing the survey and some will assist unsheltered homeless persons. Those working with the unsheltered homeless should have transportation and be comfortable dealing with people currently living on the streets. All Volunteers should attend one of the trainings and a kick-off that will be scheduled. We will follow up with you regarding shifts, locations and training in the near future.

2011 HOMELESS SURVEY - VOLUNTEER REGISTRATION

Name of Agency (if applicable)

Name of Volunteer: _____ Email: _____

Address (if applicable):
_____ City _____ Zip _____

Home phone # (____) _____ - _____ Cell # (____) _____

Work phone # (____) _____ - _____ FAX # (If any): (____) _____

(Continued on next page)

Can you work a 4 or 8 Hour Shift? _____

Which time of day do you prefer? ___Morning___Afternoon___Evening___Night

Which region of Broward do you prefer to work in? ___North___Central___South

Do you prefer East or West? _____

Would you prefer to work in a sheltered environment or on the street? _____

If sheltered, is there a facility you prefer to work in? _____

Is there a name of another volunteer registering who you want to team with? _____

Do you have experience working with the homeless or in social services? _____

Do you have your own reliable transportation? _____

Other languages you speak? _____

Anything else we should know about you before making your assignment? Yes or No

Explain: _____

Thank you! Please return this form to: Broward County Homeless Initiative Partnership, FAX: 954-357-5521, or mail to: Homeless Initiative Partnership c/o Governmental Ctr. 115 S. Andrews Ave., Room A370, Ft. Laud., FL 33301
Attn: Dalton Barrett.

If you have questions, please contact: Dalton Barrett: 954-357-8529, e-mail: dbarrett@broward.org

SUBMIT FORM via e-mail

WORKING TOGETHER



COUNTS!