

Volunteer Coordination and Recruitment

Facility Name/Number: St. Augustine Church/ _____
Shelter Manager: Katharine Anderson

Report Date/Time: _____ / _____
Shelter Closing Date: _____

Current Shelter Staff			
Position	Shift #1 7:00 AM-4 PM	Shift #2 3:00 PM-12 AM	Shift #3 11:00 PM-8 AM
Shift Leader			
Registration			
Feeding			
Dorm			
Health			
Mental Health			
Information			
Logistics			
Shelter Operations			

Volunteer ID Equipment for Issue	
Item	Yes/No
Red Cross Vest	
Red Cross Apron	
ID Name Tag	

Volunteer Coordination Lead:

Volunteer Coordination and Recruitment

Facility Name/Number: St. Augustine Church/ _____
Shelter Manager: Katharine Anderson

Report Date/Time: _____ / _____
Shelter Closing Date: _____

Shelter Team and Volunteer Availability						
Day & Date	Shift #1 7:00 AM-4 PM		Shift #2 3:00 PM-12 AM		Shift #3 (Over Night) 11:00 PM-8 AM	
	Team	Volunteer	Team	Volunteer	Team	Volunteer
Day 1	_____	_____	_____	_____	_____	_____
Day 2	_____	_____	_____	_____	_____	_____
Day 3	_____	_____	_____	_____	_____	_____
Day 4	_____	_____	_____	_____	_____	_____
Shelter Totals	_____	_____	_____	_____	_____	_____

Other Volunteer Information	
Cannot Serve Other Shelters	4-Wheel Drive Vehicle
Shelter Totals	

Other information:

Volunteer Coordination Lead:
