

CARITAS REGISTRATION

Year 2010-2011



Congregation Information

New Congregation Existing Congregation

_____ Congregation name _____ Pastor or Leader
_____ Address _____ Office Phone
_____ City _____ Zip _____ Fax Number

Program Selection

Single Adult Shelter/Family Focus Shelter/Furniture Collection Pod

Family Focus (families only) Congregation will shelter 28 guests.
Week #1 _____ Week #1 _____ Week #1 _____
Week #2 _____ Week #2 _____ Week #2 _____
1st Choice Sat. – Fri. night 2nd Choice Sat. – Fri. night 3rd Choice Sat. – Fri. night

Single Adult (Women Men Men/Woman) Will shelter _____ guests (min. 32...max. 40)
Week #1 _____ Week #1 _____ Week #1 _____
and _____ and _____ and _____
Week #2 _____ Week #2 _____ Week #2 _____
1st Choice (Sat. – Fri. night) 2nd Choice (Sat. – Fri. night) 3rd Choice (Sat. – Fri. night)
Preferred guest arrival no preference 6:30 pm 7:30 pm

Furniture Drive (Pack a POD to collect furniture & household items for clients exiting shelter)

We want to host a pod to coincide with our shelter week.
 We want to host a pod separate from a week of shelter (Sat. start date) ____ / ____ / ____

Key Volunteer Information

_____ Name _____ Home phone
_____ Mailing Address _____ Work phone
_____ City _____ Zip _____ Cell
_____ e-mail

Comments _____

Please fax completed form to CARITAS: 354-8220