



# NIGHT LIGHT

Men's emergency Shelter

**7 nights a week**

**8:30 p.m. – 8:00 a.m.**

**(must be checked in by 10 pm)**

**Held at**

**House next door to the  
Community Reformed Church**

**100 Oak Street**

**Charlevoix**

**OPERATES**

**NOVEMBER 1**

**THROUGH**

**MARCH 31**

**ENTER THROUGH THE BACK SIDE DOOR OF  
THE HOUSE**

**WARM ~ SAFE PLACE TO SLEEP**

**(231) 330-5316**

## Volunteer Application Safe Haven "Night Light"

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ e-mail \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phones: home \_\_\_\_\_ work: \_\_\_\_\_ cell \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

### Availability (or preferred service times):

\_\_\_ Morning Clean-up \_\_\_ Overnights

Day of the week \_\_\_ M \_\_\_ T \_\_\_ W \_\_\_ T \_\_\_ F \_\_\_ Sat \_\_\_ Sun

I certify that the information contained in this application is correct and complete to the best of my knowledge. I realize that misrepresentation of facts will be cause for rejection of this application. I understand that my enrollment as a volunteer is contingent upon successful completion of the application process, including reference checks and a criminal history check. I give my permission for my references to release information about me and for my criminal history to be verified. I understand that Safe Haven does not discriminate on the basis of race, color, national origin, sex, disability, age or religion and that this application will be handled in a confidential manner.

Signature \_\_\_\_\_

Date \_\_\_\_\_