



2019 VOLUNTEER REGISTRATION FORM

VOLUNTEER CONTACT:

 First Name Last Name

(_____) _____ - _____ x _____
 Telephone Extension Email Address

 Street Address Unit/Suite/Floor

 City CA _____
 ZIP Code

ORGANIZATION:

(IF APPLICABLE)

(Name of any agency or organization with whom you are affiliated)

NAME OF CITY, NEIGHBORHOOD, OR SPA YOU WANT TO VOLUNTEER IN: _____
(City/Neighborhood/SPA)

How would you like to volunteer?

- Sign me up for updates!**
- Volunteer Counter** – Counters will receive training and materials on the day of the Count and be deployed in groups of 2-4 to count specific blocks in an area.
- Corporate Sponsor/Donor** – Provide in-kind donations or store credits for food and beverages for volunteers at deployment sites during the Homeless Count, or for prizes/giveaways for Super Volunteers.
- Raising Awareness/Promotion** – Hanging posters/sharing fliers in your business, nonprofit, community venue or house of worship. Speaking & tabling at large community events on behalf of LAHSA.

SAVE THESE DATES

TUESDAY, JANUARY 22

8:00PM

SPA 2 — SAN FERNANDO VALLEY

SPA 3 — SAN GABRIEL VALLEY

WEDNESDAY, JANUARY 23

8:00PM

SPA 5 — WEST LOS ANGELES

SPA 7 — EAST LOS ANGELES COUNTY

SPA 8 — SOUTH BAY / HARBOR

THURSDAY, JANUARY 24

6:00AM

SPA 1 — ANTELOPE VALLEY

8:00PM

SPA 4 — METRO LOS ANGELES

SPA 6 — SOUTH LOS ANGELES

