

**Arkansas Balance of State Continuum of Care
Volunteer Application
Point in Time Count**

Name: _____

Email: _____

Phone Number (cell phone is preferred): _____

County: _____

If you are affiliated with a homeless service agency, please tell us which one

Over 18 Years of age as of January 23, 2025? Y _____ N _____

Volunteers must be at least 15 years old. Volunteers ages 15-17 must be accompanied by an adult

Did you participate in the PIT Count last year? Y _____ N _____

Are you signing up to serve with a specific team? Y _____ N _____

If "YES" please provide the Team Lead name or location: _____

During the Point in Time Count Volunteers typically travel by car and/or spend a significant amount of time standing or walking outdoors. If you have a medical condition or disability that may impact your ability to participate in the count, please contact the volunteer coordinator to discuss how we can accommodate you.

Do you have any physical limitations that may impact your ability to participate in the Point in Time Count? Y _____ N _____

If yes, please describe the type of accommodation you would need in order to participate.

Please provide contact information for someone we can call in case of emergency

Name: _____

Relationship: _____

Phone Number: _____

Signature: _____ Date: _____

Return form to lmorphew@occnet.org by January 15th, 2025