**ATTACHMENT B**

**EL NIÑO SHELTER STAFFING INTEREST FORM**

**NOTE**

**SHIFT 1: 6:00 am – 9:00 am**

**SHIFT 2: 6:30 am – 3:00 pm**

**SHIFT 3: 2:30 pm – 11:00 pm**

 **SHIFT 4: 10:30 pm – 7:00 am**

 ***Please email completed form to:***

***ElNinoVolunteerStaffing@sfgov.org***

***Or fax to:***

**ATTN: Kathleen Tran**

**Fax: 415-557-5211**

Name:

Cell Phone: Email:

Are you a current employee of the City and County of San Francisco? [ ]  **Yes** [ ]  **No**

If yes:

City Department: Classification:

**COUNT ME IN!**

**I am ready to do my part to help homeless San Franciscans and will work in a shelter as (please check all that apply):**

[ ] **Driver**

[ ] **Support**

[ ] **Monitor**

[ ] **Behavioral Health Prof’l**

[ ] **Shelter Manager**

**I am interested and available to work the following shifts:**

[ ]  **Shift 1** [ ]  **Shift 2** [ ]  **Shift 3** [ ]  **Shift 4**