



INDIVIDUAL Volunteer Application

Name _____ Date _____

Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

E-mail Address _____ Date of Birth _____

Emergency Contact

Name _____ Phone _____

Relationship _____

Please indicate the days and times you are available

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM							
PM							

Areas of Interest (Please check all that apply.)

Pozzo Aquatic Arena (Indoor Swimming Pool)

Outreach

Early Childhood Education Center

Villa Caridad Senior Housing

Clerical/Office Assistance

Special Events

Family Strengthening Program

Other

St. Vincent's Gardens Family Housing



INDIVIDUAL VolunteerApplication

Please provide three personal / professional references.

NAME	RELATIONSHIP	PHONE NUMBER

Do you have relevant experience or certifications related to our volunteering opportunities? If so, please explain.

Are you on probation or have you ever been on probation? If so, please explain.

Have you ever been convicted of a crime? If so, please explain.

I hereby state that all information given in this application is accurate and complete to the best of my knowledge. I consent to having references checked by St. Vincent's to ensure proper screening of all volunteer candidates. To be accepted, I understand that a criminal background clearance and negative Tuberculosis clearance are requirements. I further understand that if I am accepted as a volunteer at St. Vincent's, it is not an employment position and I am not entitled to any compensation or benefits of regular employment and that my volunteer status in no way assures me of any future employment at St. Vincent's.

Volunteer's Signature

Date

Parent or Guardian's Signature if Volunteer is Under 18

Date

Sponsored and Operated by the Daughters of Charity of St. Vincent de Paul