



Individual Volunteer Application

Name _____ Date _____

Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Email _____ Birthday (Month/Day) _____
(Applicant must be 18 years of age.)

Emergency Contact

Name _____ Phone _____ Relationship _____

Please indicate the day/s and time/s you are available below.

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|------------------|--------|---------|-----------|----------|--------|----------|--------|
| Morning | | | | | | | |
| Afternoon | | | | | | | |

Area/s of Interest *(Please check all that apply.)*

- | | |
|--|---|
| <input type="checkbox"/> Aquatic Arena (Indoor Swimming Pool) <input type="checkbox"/> Clerical/Office Assistance <input type="checkbox"/> Community Garden <input type="checkbox"/> Outreach <input type="checkbox"/> Public Relations <input type="checkbox"/> Special Events | <input type="checkbox"/> St. Vincent's Early Childhood Education Center <input type="checkbox"/> St. Vincent's Family Strengthening Program <input type="checkbox"/> St. Vincent's Gardens Family Housing <input type="checkbox"/> Villa Caridad Senior Housing <input type="checkbox"/> Vincent's Heart (Food/Supply Pantry) <input type="checkbox"/> Other _____ |
|--|---|

Please list three professional/personal references below.

| | Name | Phone | Relationship | Email |
|-----------|------|-------|--------------|-------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

1. How did you learn about St. Vincent's? Why are you interested in volunteering at St. Vincent's?

2. Do you currently volunteer for other organizations or have you ever volunteered before? Where do/did you volunteer and what do/did you do? What do/did you enjoy about volunteering?

3. Do you have any relevant experience, skills, or certifications related to our volunteering opportunities?

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

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

I, _____, hereby state that all information given in this application is accurate and complete to the best of my knowledge. I also consent to having references checked by St. Vincent's to ensure proper screening of all volunteer candidates. To be accepted, I understand a criminal background clearance and a negative Tuberculosis clearance are requirements. I understand that if I am accepted as a volunteer at St. Vincent's, it is not an employment position. 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

Thank you.

5 2012