

# ST. VINCENT'S HOUSE



## *Volunteer Application*

**Mission:** St. Vincent's House Mission is to provide the essential services, resources, and tools for economically disadvantaged, uninsured, and working poor individuals and families to sustain themselves and to build and become members of a community where each person is valued.

1. Date: \_\_\_\_\_

2. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

3. Address: \_\_\_\_\_  
\_\_\_\_\_

4. Phone: HOME \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

5. Email: \_\_\_\_\_

6. Occupation: \_\_\_\_\_

7. Employer: \_\_\_\_\_

8. Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

9. Other volunteer experience: \_\_\_\_\_

10. What languages do you speak? \_\_\_\_\_

11. Please list any allergies, physical limitations, or medical conditions of which we should be aware: \_\_\_\_\_  
\_\_\_\_\_

12. Have you or any member of your family received services from St. Vincent's? Yes \_\_\_ No \_\_\_

Type of Service \_\_\_\_\_ Who Received: \_\_\_\_\_ Date of Service: \_\_\_\_\_

13. Have you ever been arrested for a felony or misdemeanor other than traffic violation?

Yes \_\_\_ No \_\_\_ If yes please explain: \_\_\_\_\_  
\_\_\_\_\_

14. Have you ever been accused, suspected, investigated or arrested for any type of child abuse reported to law enforcement or Children's Protective Services? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes please explain. \_\_\_\_\_

15. Skills, Talents or Hobbies:

Computer Support\_\_\_ Bookkeeping/Accounting\_\_\_ Graphic Design\_\_\_ Arts and Crafts\_\_\_

Handy Man\_\_\_ Receptionist\_\_\_ Fund Raising\_\_\_ Educator\_\_\_ Job Counseling\_\_\_ Event Management\_\_\_ Other\_\_\_

16. Availability (minimum 2 hours/week):

Day of Week: Mon\_\_\_ Tues\_\_\_ Wed\_\_\_ Thurs\_\_\_ Friday\_\_\_ Sat\_\_\_

17. Volunteer Acknowledgement:

1. **Our Policy** It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age and disability.
2. **Volunteer Guidelines-** My signature below confirms that I have received a copy of St. Vincent's House Volunteer Guidelines and have read and understood them.
3. **Client Privacy** – My signature below confirms that I have received, read and understood the St. Vincent's House Confidentiality Agreement attached to this form.
4. **Consent to Use Name and Photograph-** I, the undersigned, a volunteer of St. Vincent's House, recognize that a occasion, it may be in the interest of the organization to use my name, portrait, photograph or likeness (here in after and severally referred to as a "photograph") in making brochures, annual reports, annual reviews to staff, and/or other print, digital or broadcast publications.
5. **I (check one) DO\_\_\_ DO NOT\_\_\_**, hereby consent and authorize St. Vincent's House, it's advertising agents, publishers and the like to use my name and photograph for any purpose whatsoever related to the business, actual or projected, for a reasonable period of time, and also for a period of time of not less than one year after my relationship ceases or any revocation hereof by me, and agree that any revocation hereof must be in writing.
6. **Agreement of Signature:** By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statement, omissions, or other misrepresentation made by mo on this application may result in any immediate dismissal. I fully understand that failure to comply with all Volunteer Guidelines, Policies and Client Privacy may result in termination of my relationship with St. Vincent's House. This agreement is entered info for the purpose of respecting and protecting all clients served through St. Vincent's House

**Signature:**\_\_\_\_\_ **Date**\_\_\_\_\_

**Orientation Date:**\_\_\_\_\_ 10-2015 update AHill