

Date: _____

St Vincent de Paul
St John's Conference
VOLUNTEER APPLICATION

_____ Thrift Store _____ Pantry/Outreach _____ Other (special events)

Name (Last, First): _____ DOB: _____

Street Address _____ City _____ State _____ ZIP _____

Phone number (specify home or cell) _____ Do you have text capability? YES NO

Email address: _____

EMERGENCY CONTACT (NAME & PHONE): _____

REFERENCES:

Name: _____ Address: _____

Phone number: _____ Relationship: _____

Name: _____ Address: _____

Phone number: _____ Relationship: _____

Education: _____

Present Employer: _____ Position: _____ Phone: _____

Previous Employer: _____ Position: _____ Phone: _____

Please list any special skills or interest you may have, such as data entry, computer skills, forklift operation, organizational skills, etc. _____

Days Available: _____ Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. Mornings _____ Afternoons _____

FOR OFFICE USE ONLY:

Date started: _____ Six-month review date: _____

NOTES:
