

**Society of St. Vincent de Paul
Rogue Valley District Council**

VOLUNTEER APPLICATION FORM

Date: _____

Last Name: _____ First Name _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Cell Phone: _____

Email Address: _____ DOB: _____ Driver's Lic # _____

Immediate past employment or volunteer position:

Employer: _____

Address: _____

City/State/Zip Code: _____

Immediate Supervisor: (Name) _____

Phone Number: _____ Date Started: _____ Date Ended: _____

Job Duties: _____

Personal reference: Give us one personal reference. (Please do not include family members)

Name: _____

Street Address: _____

City: _____ Zip Code: _____

Daytime Phone Number: _____

How did you hear about St. Vincent de Paul? _____

Have you received financial assistance from St Vincent de Paul? _____

Circle days you can volunteer: MON TUES WEDS THURS FRI SAT

Where would you like to volunteer? (Check as many as you wish.)

____ THRIFT STORE ____ KITCHEN ____ URBAN REST STOP

____ OFFICE ____ SOCIAL SERVICES ____ HOME VISITS

____ OTHER (please describe) _____

Do you speak Spanish? ____ Yes ____ No

St. Vincent de Paul Society WILL perform a background check on new volunteers. You will be required to provide your Social Security # by our background check company. St. Vincent will not have access to your number.

Thank you for your interest in helping others at St. Vincent de Paul!

[Type here]

[Type here]

updated 7/28/2021

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Volunteer Emergency Information

Date: _____

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Email Address: _____ DOB: _____

Driver's License # _____

In Case of Emergency, please contact:

Name: _____

Relationship: _____

Home phone: _____ Cell phone: _____

St. Vincent de Paul may perform a background check on new volunteers.

Signature: _____

For office use only

Conference: _____ Today's date: _____

Start date: _____

Copy to conf. pres. **YES** Badge **YES**

Add to DB **YES** Rmv from DB **YES**

SO check done date _____

Background check required _____

Comments:

Initials:

updated 7/28/2021