

**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? (Circle as many as you wish.)

THRIFT STORE      KITCHEN      HOME VISITS      URBAN REST STOP

OFFICE                      SOCIAL SERVICES                      FOOD PANTRY

**SOCIAL SECURITY NUMBER \_\_\_\_\_ (REQUIRED)**

**St. Vincent de Paul Society WILL perform a background check on new volunteers. This is required by federal law.** (Your SSN will be deleted when the background check is completed.)

Signature \_\_\_\_\_

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

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

**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: