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

## **VOLUNTEER APPLICATION FORM**

Last Name:		First Name	)		MI:
Address:					
City:		St	ate:	_ Zip:	
Daytime Phone:		Ce	ell Phone: _		
Email Address:		DOB:		Driver's L	ic#
Immediate past employme	nt or volunte	eer position:			
Employer:					
Address:					
City/State/Zip Code:					
Immediate Supervisor: (Na	ıme)				
Phone Number:			Date Sta	rted:	Date Ended:
Job Duties:					
Personal reference: Give u	·	•			ily members)
Street Address:					
City:					
Daytime Phone Number:					
How did you hear about St	. Vincent de	Paul?			
Have you received financia Circle days you can volunt Where would you like to vo	eer: MON	TUES WEDS	THURS FF	RI SAT	
THRIFT STORE KI	TCHEN	HOME VISITS	URBAN RE	EST STOP	
OFFICE	SOCI	AL SERVICES	FC	OOD PANTRY	(
St. Vincent de Paul Socie for the safety of all volun					
Signature					
Thank you for your interest					

Revised 07-21-2021

## 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:			
In Case of Emergency, please	contact:			
Name:				
Relationship:				
Home phone: Ce	ell phone:			
St. Vincent de Paul will perform a backg 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:	Revised 07-21-202			