



Individual Volunteer Application

Name:			Date:			
Address:						
City/State/Zip):					
Home Phone	:		Cell Phone:			
E-mail Addre	ss:		Birthday (Month/Day)(Applicant must be 18 years of age)			
Emergency (Name:		Phone:	e: Relation:			
Please note t	he days and time	s you are available): 			
	Monday	Tuesday	Wednesday	Thursday	Friday	
Morning						
Afternoon						
Agin Fr. V Aqua Cleri Outr	rest (Please check a g Well Program /irgil Cordano Center atic Arena (Indoor Swin ical/Office Assistance each cial Events		St. Vincen St. Vincen St. Vincen	lad Senior Housing nt's Early Childhood Educ nt's Family Strengthening nt's Gardens Family Hous	Program sing	
Please list thr	ree personal/profe	essional references	S :			
Name		Phone	Phone Number		Relation	
_						

1.	How did you learn about St. Vincent's? Why are you interested in volunteering at St. Vincent's?				
2.	Do you currently volunteer anywhere or have you ever volunteered before? Where do/did you volunteer and what do/did you do? What do/did you enjoy about volunteering?				
3.	Do you have any relevant experience, skills, or certifications related to our volunteering opportunities?				
4.	Have you ever been convicted of a crime? If so, explain circumstances.				
Vir cri I u I a	hereby state that all information given in this application is accurated complete to the best on my knowledge. I also consent to having references checked by State that it is not an employment position must entitled to any compensation or benefits of regular employment, and that my volunteer status no way assures me of any future employment at St. Vincent's.				
\/ol	unteer's Signature ————————————————————————————————————				