

The Society of St Vincent de Paul Volunteer Service Application



Date; _____

Name; _____ Ph# _____

Address; _____

City; _____ State; _____ Zip; _____

Occupation; _____ Employer; _____

If Under 18 Yrs of Age: _____ Date of Birth; _____

Special Skills or Interests; _____

Types of Service Preferred; _____

Do You Have Any Physical Limitations? Yes No

If Yes Please Explain; _____

Do you have previous volunteer experience? Yes No

If Yes, When/ Where; _____

Have you ever been convicted of a felony? Yes No

If Yes, explain; _____

Has a civil or a criminal complaint ever been filed against you that alleged sexual misconduct or child abuse or participation in or facilitation of such activities by you?

Yes No If Yes, Explain; _____

Days/Times Preferred; Starting Date; _____ Completion Date If Known; _____

Mon Tues Wed Thu Fri Sat

To;	To;	To;	To;	To;	To;
-----	-----	-----	-----	-----	-----

Emergency Contact;	
Name; _____	Ph# _____
Relationship to you; _____	
Name; _____	Ph# _____
Relationship to you; _____	

Acknowledgement: Each of the undersigned hereby acknowledges and attests that the above information is true to the best of their knowledge, and hereby grants permission to the Society of St Vincent de Paul to verify any information contained in this application or obtain any information or data relating to the applicant for any legitimate business purpose through any source including criminal history and sex offender data base inquiries.

Applicant Signature; _____ Date; _____

Parent or Guardian; _____ Date; _____

(If under 18 years old)

Volunteer Guidelines

1. **Always** remember to sign in and out on the volunteer sign-in sheet, which is located at the front register. Please do not ask anyone else to do it for you.
2. Please do not bring friends or relatives along, unless they are also volunteering, and have completed an application.
3. Dress comfortably. It can be cool inside in the winter, warm in the summer and you may be asked to do a variety of jobs during your shift both inside and outside. For safety reasons, you must **wear closed toe shoes** while you are here.
4. Unless you are asked to do so, we ask that you do not go behind the registers or into the office.
5. Your health and well-being are important to us. Please exercise caution when walking around, especially in the warehouses. If you see anything that could be a potential safety hazard, please call it to the attention of a supervisor or if it can be done with no danger to yourself, please correct the problem.
6. Our employees are experienced in their jobs and know the needs of the store. If, however, you have been asked to do something that makes you uncomfortable, for whatever reason, please notify Jim or Marla.
7. If you have arranged a set schedule and find that you cannot make it, please call and let us know that you will not be in. We rely on our volunteers and this allows us to make adjustments to the schedule.
8. Our customers, clients, volunteers and employees are all to be treated with the same respect and dignity. Our mission is to help the poor and there are many avenues we must take to accomplish our goal. If you are assigned a job that seems nonproductive, please remember that anything done to improve the store better enables us to achieve that mission.

In consideration of the acceptance of my application for service, I hereby, for myself, heirs, executors and administrators Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me at, or traveling to or from this location, the Society of St. Vincent de Paul, their directors, officers, employees, volunteers, representatives and agents. I also Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals and entities as a result of any of my or the participants actions during community or volunteer service.

I HAVE READ AND FULLY UNDERSTAND THESE GUIDELINES AND WAIVER AND RELEASE OF CLAIM FORM. IF SIGNED BY A PARENT OT GUARDIAN; I VERIFY THE DANGERS OF THE ACTIVITIES AND THE SIGNIFICANCXE OF THIS FORM WERE EXPLAINED TO THE PARTICIPANT AND THAT PARTICIPANT UNDERSTOOD THEM.

Applicant Signature; _____ **Date;** _____

Parent or Guardian; _____ **Date;** _____
(If under 18 years old)