



"Help us help others"

SOCIETY of ST. VINCENT de PAUL

Council of Santa Clara County

P.O. Box 5579, San Jose, CA 95150

Volunteer Application

About You:

NAME: _____ Date: _____

Phone: *Home* _____ *Work* _____ *Cell* _____

Email: _____ Date of Birth *(for birthday cards!)* _____

Address: _____

City, State, Zip: _____

Church (if any): _____ SVdP Conference member? _____

Are you part of a group of volunteers? _____ Which one? _____

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

Why do you want to volunteer at SVDP? _____

Have you ever been convicted of a felony or misdemeanor? _____

Your answer is confidential. A "Yes" does not prevent you from being a volunteer.

Will you need certification of your hours volunteering at SVdP? _____

Skills & Interests:

Recent or highest education: _____

Occupation: _____ Employer: _____

Previous Volunteer Experience? _____

Special training, licenses, professional registration _____

Hobbies/Special Interests: _____

Do you speak any other languages? _____

Emergency Contact

Name: _____

Phone: _____ Relationship to you: _____

(over) →

Volunteering:

What type of volunteering are you interested in? (*check all that interest you*)

Office help Publicity/Newsletter IT Admin Support
 Fundraising Accounting Marketing
 Website/Social Media Food Pantry Home Visits
 Parish Conferences Holiday/Special Events

Other: _____

Availability

How often do you want to volunteer?

One Time Weekly (2-5 hours/wk) Internship (8-10 hrs/wk)

Until I get my hours done (# of hours to complete: _____)

When are you available? Time/Days: _____

Would you available to be "on-call" for special assignments? _____

I hereby certify that all of the information that I have given in this application is true and complete to the best of my knowledge. I understand and agree that St. Vincent de Paul has the right to terminate my volunteer relationship should I act in any manner that SVdP deems inappropriate, dangerous or disrespectful. I also understand that, if accepted, I may be required to undergo training that is pertinent to the volunteer position that I am applying for.

Signature

Date _____

Return completed application to:

Society of St. Vincent de Paul
Santa Clara County Council
Volunteer Opportunities
P.O. Box 5579, San Jose, CA 95150
Phone: 408/249-2853

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