Saint Vincent de Paul Place Volunteer Application

☐ *Check if you are a new volunteer*

☐ *Check if you are a current volunteer*

Contact Information **DATE_____/_____/_____**

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	

Are you 18 or older? ☐ Yes ☐ No

For New Volunteers

How much time would you like to share with us?

☐ Regular - weekly? (Number of hours per week:)
☐ Regular - monthly?
☐ Occasional, as needed?
☐ Are you interested in helping on special occasions?
☐ Thanksgiving meal, ☐ Christmas meal, ☐ Fundraising events

What is your primary purpose in volunteering at Saint Vincent de Paul Place, and what is your primary interest? *(Please see interests inventory on back)*

_____

_____

Is this a School/Organizational (eg Boy Scouts) Project? ☐ **Yes** ☐ **No** (If yes, please tell us about it.)

_____

_____

_____

_____

(Leader's Name and contact phone number if different from Contact Information.)

Office use only: _____Date Entered in Volunteer Master _____Date Entered in SVDPP Contacts

For New and Current Volunteers

Availability: During which hours/days are you available for volunteer assignments?
(Volunteer hours are from 7:30 am to 2:00 pm Monday thru Saturday)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time(s) available:						

Tell us your interests or what you are currently doing

Food Pantry	***Front Desk***	***Maintenance***
☐ Shelf stocking / Inventory	☐ Answer phone	☐ Cleaning
☐ Food Pick up / Delivery	☐ Interact with patrons	☐ Mop floors
☐ Unload trucks	☐ Sign up pantry patrons	☐ Outside cleanup
☐ Database administration		☐ Gardening
☐ Food Drives	***Administrative***	
	☐ Office Work	***Professional Skills***
Soup Kitchen	☐ Excel	☐ Carpentry
☐ Food preparation	☐ Word	☐ Electrical
☐ Serve food	☐ Publisher	☐ Painting
☐ Clean up		☐ Plumbing
☐ Laundry	***Public Relations***	☐ General Handyman work
	☐ Fundraising	
Events	☐ Newsletter production	☐ ***Other*** *(please specify)*
☐ Thanksgiving	☐ Public Speaking	
☐ Christmas	____on site _____off site	
☐ Any special occasion		

Do you have access to a vehicle for food pick up/delivery? ☐ Yes ☐ No

(Volunteer mileage can be deducted on itemized income taxes.)

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.