

SOCIETY OF ST. VINCENT DE PAUL VOLUNTEER APPLICATION

APPLICANT INFORMATION

Name:		
Birthday: (Mo./Day)	Home Phone:	Cell Phone:
Current address:		
City:	State:	ZIP Code:
Email:	Parish/Church (Optional):	
If new: How did you hear about SVdP?: _____		
If current: I have volunteered with SVdP since:(Mo./Year): _____		
I prefer to be contacted by: Phone Text Email (Checkbox One)		
I have the following special talents and interests: _____		
I am interested in volunteering at: Food Pantry Distribution Center Mission 27 Resale Store (Circle One) on: Monday Tuesday Wednesday Thursday Day Evening Friday Saturday (Circle Choice(s))		

EMERGENCY CONTACT INFORMATION

Emergency Contact:		Relationship:
Phone:	E-mail:	
Family Member Name:		Relationship:
Phone:	E-mail:	

PERSONAL HISTORY

Have you ever been convicted of a criminal offense or are presently involved in any non civil court proceedings for a pre-trial diversion program (felony or misdemeanor)? Answer yes if you have entered a plea agreement, including a deferred sentence or deferred judgment arrangement in connection with a criminal case: **YES** **NO** (If yes, please explain on reverse.)

Have you ever been convicted or arrested for Criminal Conversion (ex. Shoplifting): **YES** **NO**

Have you ever been dismissed from any volunteer or employment position or been asked to leave at the end of your membership in a volunteer, civic or nonprofit organization? : **YES** **NO**

HANDBOOK ACKNOWLEDGEMENT

I acknowledge that I have received and read the Volunteer Handbook outlining the guidelines and responsibilities of my position as a volunteer. I understand that for the duration of my volunteering at St. Vincent de Paul, I am expected to adhere to its guidelines and treat everyone with respect and dignity. At any time, should my actions deviate from the expectations outlined, I understand it could result in the loss of privilege to volunteer at St. Vincent de Paul.

Volunteer Initial: _____ Date: _____

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PHOTO/VIDEO/WRITTEN WORKS RELEASE

I authorize SVdP to photograph, videotape, audiotape or take digital images of me and to use any words I have written for use in its internal or external publications on its website or by release of same to the news media, for use in print or broadcast media or on the Internet. I hereby release SVdP, their employees, agents or representatives, from any liability that might arise from such publication or broadcast. I acknowledge that the purpose in using the photographs, videotapes, audiotapes, digital images or written works is to promote the mission and ministry of SVdP. I understand I will receive no monetary compensation for the use of this/these photographs, videotapes, audiotapes, digital images or written works.

Volunteer Initial: _____ Date: _____

VOLUNTEER AGREEMENT, LIABILITY WAIVER, CONFIDENTIALITY

My signature on this agreement indicates that I understand and agree to the following conditions:

All statements I have made on this application are true and complete to the best of my knowledge and I have withheld no information, which would unfavorably affect my volunteer services.

- I authorize all contacts indicated in this form to furnish any and all information they may have, personal or otherwise. I do hereby release and discharge any and all such parties involved, from any and all claims that I may have now or in the future arising out of the release or use of said information.
- I hereby give complete permission for SVdP to conduct a criminal background check, arrest records check and abuse registry check for the purposes of my volunteer services. I understand that a criminal background check may be conducted prior to and during my service. I authorize investigations of all statements contained in this application.
- I hereby release SVdP, for whom I will be performing volunteer/community service work, and all persons and entities involved in planning, organizing and supervising service activities, from any and all liability for any and all loss or injury, personal or otherwise, that I may sustain as a result of my participation in volunteer – community service.
- Furthermore, I understand that any client or sensitive (outside the public domain) agency information which is disclosed to me in any manner while I am serving at SVdP, is confidential and must be treated as such.
- I understand that disclosure of confidential client or agency information cannot be given without the informed, written consent of the client or the Executive Director (in the case of the agency).
- If I will be driving my own vehicle in the conduct of my volunteer service work, I hereby state that my vehicle is covered by insurance as required by state law.
- If I will be driving a SVdP vehicle in the conduct of my volunteer service work, I agree to submit a copy of my valid Driver's License.
- I have been issued a bar code ____ Yes ____ No. If yes, bar code # _____. I will scan the bar code at the beginning and end of each volunteer experience.

I understand that by typing my full name below, I am electronically signing this application, and that my electronic signature has the same effect as if I had physically signed the application with a pen.

Print Name:

Date

Signature: