



JOIN OUR VOLUNTEER TEAM

St. Vincent de Paul Thrift Store
330 N. Peters Ave
Fond du Lac, WI 54935
Phone 920-322-9505
Fax 920-32-9120
AshlevM@svdofdlc.org

Today's Date:

"Inspired by Gospel values, the Society of St. Vincent de Paul, a Catholic lay organization leads women and men to join together to grow spiritually by offering person-to-person service to the needy and suffering in the tradition of its founder, Blessed Frederic Ozanam, and its patron, St. Vincent de Paul."
-US Manual, Society of St. Vincent de Paul 1999

Full Name: _____ Birth Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Primary Phone: _____ Email _____

Secondary Phone: _____

Do you have any physical or health restrictions?

Please list special skills, interests or experience:

Have you ever been convicted of a crime?
If so, please explain:

PLEASE SELECT ONE

YES NO

Are you on probation?

YES NO

Do you speak and/or read Spanish?

YES NO

Other Languages? If so, please list: _____

Media Permission

Would you be willing to help us advertise by letting us share your name and/or photo in any of our advertising media (newspaper, website, Facebook, brochures, TV, etc.)?

YES NO

Days and Times Available

	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>**Saturday</u>
<u>Mornings</u>						
<u>Afternoon</u>						

Please list the hours you are available in the table above.

***Saturdays can be worked when the Volunteer Coordinator is present.*

Would you be willing to help us on our sales days if they're outside of the times you have listed above (if you are available)?

YES

NO

Emergency Contact:

Please list at least one person in the area.

Contact 1:

Name: _____

Phone: _____

Relationship: _____

Contact 2:

Name: _____

Phone: _____

Relationship: _____

Volunteer Agreement

As a St. Vincent de Paul Volunteer I agree to:

**Display a positive attitude *Work cooperatively with staff and other volunteers *Be dependable*

Confidentiality Agreement

I, the undersigned volunteer, do hereby declare that I will hold confidential all verbal, written and/or electronic communications, observations and information made by and between or about clients and customers. All information provided in this volunteer application is true and correct to the best of my knowledge. I understand that misrepresentations and omissions may be cause for rejection or may be cause for subsequent dismissal as a volunteer. I also understand that failure to comply with the Volunteer Agreement or Confidentiality Agreement may be a cause for dismissal.

Signature: _____

Date: _____

Interviewed by: _____

Date: _____

Orientation: ___ Hand Book: ___ Roster: ___ Roster#: _____ Sign-In Sheet: ___ Name Badge: ___ Official Start Date: _____