

# Volunteer application

Date: \_\_\_\_\_

## Contact Information

Name	
Street Address	
City State Zip Code	
Birth Date	
Home Phone/Cell Phone	
Work Phone	
E-Mail Address	

## Availability- When Do You Want to Volunteer?

During which hours are you available for volunteer assignments?

- Weekday mornings       Weekend mornings       Holidays  
 Weekday afternoons       Weekend afternoons  
 Weekday evenings       Weekend evenings

## Interests

Tell us in which areas you are interested in volunteering:

- Accompanying residents/sisters on special trips  
 Visiting/reading to or offering drinks to residents/sisters  
 Helping with special events  
 Transporting residents/sisters within the facility  
 Pet visits (pet must meet standards and vet must complete paperwork).  
 Accompanying residents/sisters to doctor/dental appointments  
 Decorating for holidays and changes of seasons  
 Helping with group activities like bingo calling etc.  
 Helping with church services or transporting a resident/sister to and from church  
 Sharing your hobby or interest  
 Assisting with volunteer communications (updating calendar of volunteer commitments; sending email or written notes to volunteers; etc.)  
 Other (please list some things you might be interested in doing)

## Community Service and/or Academic Credit

Will you receive community service and/or academic credit for your volunteer work? \_\_Yes \_\_No

If yes, please indicate:

Number of hours required: \_\_\_\_\_

Nature of responsibilities preferred: \_\_\_\_\_

School, university, or church: \_\_\_\_\_

## Special Skills or Qualifications

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## Previous Volunteer Experience

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Are there specific responsibilities or activities you would like to engage in through volunteering?


**References: Please identify two people not related to you.**

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

## Emergency Contact

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Signature of Parent/Guardian	

## Back ground Check

Do you have a vehicle or access to transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any special requirements or medical conditions that we should be aware of as you volunteer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Within the last seven year, have you been convicted of a violation other than a minor traffic offense? If you have been convicted, please describe the nature of the offense and the date it occurred.	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. If the volunteer is under 18 years of age, then I am giving my consent for my child to volunteer with Saint Joseph's Ministries.

Volunteer Signature OR Parent/Guardian <b>signature</b> if under 18 years of age	
Printed name of volunteer	
Date	

## 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. If you have any questions, please contact Annie Wantz by at 301-447-3906 or e-mail at [awantz@sjmah.org](mailto:awantz@sjmah.org). Please return the completed application to St. Joseph's Ministries 331 South Seton Avenue, Emmitsburg, Maryland 21727-9200.

