



VOLUNTEER APPLICATION

PERSONAL INFORMATION		(Please Print)	Date		
Name:	Last	First	Middle Initial	Social Security No.	- -
Address:				E-Mail Address:	
City:			State:		Home Phone:
Zip Code:				Business Phone:	
Permanent address if different from above:					
Birth Date (MM/DD/YYYY):					
Place of employment:					
Telephone number:					
Occupation:				Full/Part Time:	
<i>EDUCATION</i>					
Highest Grade Completed (Circle One)	<u>Elementary</u> K 1 2 3 4 5 6 7 8		<u>Secondary</u> 9 10 11 12		<u>Undergraduate</u> 1 2 3 4
Type of School	Name & Location of School		Graduated Yes/No		Major & Minor Fields of Study
High School					
Technical School					
College/University					
College/University					

VOLUNTEER EXPERIENCE

Are any volunteer records under another name? Yes No

If yes, please list name:

Name of Program:	Phone No:						
Street Address:							
City:	State:	Zip Code:					
Duties:							
Volunteer Supervisor:	Phone No:						
Dates: From (M/Y) _____ to (M/Y) _____							
Name of Program:	Phone No:						
Street Address:							
City:	State:	Zip Code:					
Duties:							
Volunteer Supervisor:	Phone No:						
Dates: From (M/Y) _____ to (M/Y) _____							
What would you like to do as a volunteer at St. Vincent Family Centers?							

Skills/Interest/Hobbies _____							

How did you hear about us?							
Have you ever been convicted of a crime? (If yes, please explain.)							
When are you available?							
	SUN	MON	TUES	WED	THURS	FRI	SAT
Morning							
Afternoon							
Evening							

REFERENCES**Give the names of three (3) persons not related to you. Complete address is required for application processing.**

1. Name: Address:	Phone No.: Business:
2. Name: Address:	Phone No.: Business:
3. Name: Address:	Phone No.: Business:
4. Name: Address:	Phone No.: Business:

Applicant's Statement (Please read carefully before signing)

Print Name: _____ Social Security #: _____

I certify that the information contained in this application is true and complete to the best of my knowledge. I hereby authorize investigation of all statements contained in this volunteer application as may be necessary in arriving at decision regarding volunteer status. In the event of providing volunteer services, I understand that false or misleading information given in my application or interview(s) may result in immediate discharge whenever it is discovered.

If I am selected to provide volunteer services, I agree to conform to the rules, policies, and regulations of this agency and my offered volunteer services can be terminated, with or without cause, and with or without notice, at any time, at the option of either this organization or me.

I understand that as a condition of volunteering, I will be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand and agree that, if selected, I may be required to submit to an alcohol or drug screening at any time at the discretion of the Agency. I hereby consent to having the results of any such alcohol or drug screening that I may be required to undergo disclosed to the Agency.

I authorize any request of my present and former employers as well as those individuals I have listed as personal references to furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities and other qualities pertinent to my qualifications for employment. I hereby release the individuals stated above from any and all liability for damages arising from furnishing the requested information.

I have read and understand the foregoing paragraphs and have voluntarily agreed to them unless otherwise stated below.

Signature of Applicant: _____ Date: _____

Applicant Statements/Comments: _____

**AUTHORIZATION AND DISCLOSURE UNDER THE FEDERAL
CONSUMER CREDIT REPORTING REFORM ACT OF 1996
FOR PROCUREMENT OF CONSUMER REPORTS AND INVESTIGATIVE CONSUMER REPORTS**

In processing my application for volunteer services, St. Vincent Family Centers may procure a consumer report and/or investigative consumer report on me. I understand that an investigative consumer report commonly includes information concerning character, general reputation, personal characteristics or mode of living. That information may be obtained through personal interviews with my neighbors, friends, associates or others with whom I am acquainted. I understand that upon written request to St. Vincent Family Centers, I will be informed whether an investigative consumer report was requested, and be given complete and accurate disclosure as to the nature and scope of the investigation requested.

I further understand that information provided to St. Vincent Family Centers in connection with my volunteer services may be communicated among its corporate affiliates.

I understand that if I do not wish such information to be communicated to such affiliates, I will notify St. Vincent Family Centers in writing.

Based on the foregoing, I hereby authorize St. Vincent Family Centers to procure a consumer report and/or an investigative consumer report. If I am selected for the volunteer program, the Company, and/or companies affiliated with it, may subsequently, from time to time, request consumer reports, other than investigative consumer reports, in connection with my employment.

Signature

Date