



**ST. VINCENT DE PAUL – SAUK PRAIRIE
VOLUNTEER APPLICATION FORM**

We're so grateful that you are considering volunteering at St. Vincent de Paul. There are many ways that your gift of time could be put to good use in helping those in need. We try to match your interests to one of our many volunteer opportunities.

Name: _____
(First) (Last)

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Email: _____

Primary Phone Number: _____ Cell Home Work Other

Secondary Phone Number: _____ Cell Home

AVAILABILITY:

Monday Tuesday Wednesday Thursday Friday Saturday
(time) _____ to _____ to _____ to _____ to _____ to _____ to _____

SKILLS, TALENTS, INTERESTS:

PREVIOUS WORK OR VOLUNTEER EXPERIENCE:

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____ Phone: _____
Address: _____

Name: _____ Relationship: _____ Phone: _____
Address: _____

Physician: _____ Phone: _____ Hospital Preference: _____ Phone: _____

Health Concerns or physical limitations we should be are of:

By submitting this form I understand that there may be risks associated by volunteering. I further understand that I am volunteering of my own volition and will not hold St. Vincent de Paul or any of its affiliates liable for any detriment to myself.

SIGNATURE: _____ DATE: _____