



Society of St. Vincent de Paul Seattle/King Co.

5950 Fourth Avenue South Seattle, WA 98108

206-767-9975 phone 206-767-6439 fax

INDIVIDUAL VOLUNTEER APPLICATION

PLEASE READ BEFORE CONTINUING WITH APPLICATION:

- ✓ Individual Volunteers must commit to a minimum 3 hours per day, one time per week, for no less than 3 months to be considered for any volunteer position (except for Special Project Volunteers).
- ✓ Individuals fulfilling court-ordered community service will not be considered for less than a 40 hour commitment.
- ✓ This application must be completed in its entirety in order to be considered.

The Society of St. Vincent de Paul does not discriminate in the placement of volunteers on the basis of race, color, religion, national origin, sex, disability, age, sexual orientation, gender identity and expression, veteran status or any other class prohibited by local, state or federal law. No question on this application is intended to secure information to be used in a discriminatory manner. Your completed application will be reviewed carefully; but its receipt does not imply that your services will be utilized. Volunteer consideration necessitates that you meet all conditions required for the position for which you are applying.

PLEASE PRINT CLEARLY:

Date of Application ___/___/_____

Name _____
(Last) (First) (Middle) (Maiden/Other)

Address: _____

Telephone (____) _____ home (____) _____ cell (____) _____ work

Email address: _____ How do you prefer to be contacted? _____

How were you referred to SVdP Seattle/King Co.? _____

Why are you interested in volunteering with us? _____

What days are you consistently able to volunteer? ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___ Sun

What time of day are you available? ___ Morning ___ Afternoon ___ Evening

Are you able to meet the required minimum individual volunteer commitment of 3 hours per day, one time per week for no less than 3 months? ___ Yes ___ No

Are you fulfilling court-ordered community service hours of 40 hours or more? ___ Yes ___ No

By what date do your community service hours need to be completed? _____

Have you been convicted of a felony or released from prison within the last 10 years? ___ Yes ___ No (Such convictions may be relevant if job related, but may not necessarily bar you from participating.)

If yes, please explain: _____

Please indicate the areas you have an interest in volunteering:

___ Food Bank (sorting/packaging food, client intake, cleaning)

___ Thrift Stores (accepting donations, sorting merchandise, displaying merchandise, electronics testing, linens, books)

___ HelpLine (phone representative)

___ Dispatch (phone representative)

___ Special Projects/Events (organizing, collecting food and/or monetary donations, marketing)

If interested in assisting with a special project, are you available: ___ Once or more a week ___ Once or more a month

___ Occasionally ___ Just once or limited time

What is your lifting limit? ___ 10lbs ___ 20lbs ___ 40lbs ___ 50lbs or more with proper equipment

EMPLOYMENT/ACTIVITY HISTORY

List your last 3 employers, assignments or volunteer activities, starting with the most recent, including military experience, that are most relevant to the volunteer position for which you are applying.

Employer/Activity	Dates From To	Nature of Work Performed
Address		
Telephone Number		
Job Title Contact		
Employer/Activity	Dates From To	Nature of Work Performed
Address		
Telephone Number		
Job Title Contact		
Employer/Activity	Dates From To	Nature of Work Performed
Address		
Telephone Number		
Job Title Contact		

SKILLS AND QUALIFICATIONS: Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with our organization.

What languages do you speak? _____

EDUCATIONAL BACKGROUND:

Name and Location **Years Completed** **Did you graduate?** **Course of Study**

High School _____

College _____

Are you 18 or older? ___ Yes ___ No (Applicants age 16 – 17 may volunteer only with a signed parental consent form.)

IF VOLUNTEER IS A STUDENT:

Mother's Name _____ Father's Name: _____

Parent Contact Telephone #: _____

School _____ Grade _____

School Contact (include name, department, phone number): _____

Are you able to perform the essential functions of the volunteer job for which you are applying, with or without a reasonable accommodation? ____ Yes ____ No

If accommodation is necessary, please explain: _____

REFERENCES:

Name	Full Address	Telephone No.	Years Known
1. _____	_____	() _____	_____
2. _____	_____	() _____	_____
3. _____	_____	() _____	_____

EMERGENCY CONTACT:

<u>Name</u>	<u>Full Address</u>	<u>Telephone No.</u>
_____	_____	() _____

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from The Society of St. Vincent de Paul ("SVdP"). I give SVdP the right to investigate all references and to secure additional information about me from other sources. I hereby release from liability SVdP and its representatives for seeking such information, and all other persons, corporations or organizations for furnishing such information.

The Society of St. Vincent de Paul does not discriminate in volunteer placement and no questions on this application are used for the purpose of limiting or excluding any applicant's consideration for volunteer placement on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of 60 days, if I have not heard from SVdP and still wish to be considered for volunteer placement, it will be necessary to fill out a new application. I understand that just as I am free to resign at any time, SVdP reserves the right to terminate my volunteer placement at any time, with or without cause and without prior notice.

Signature of Applicant: _____ Date: _____