



St. Vincent de Paul of Hampton

Volunteer Application Form

Last Name: _____

First Name: _____ MI. _____

Address _____

Home Phone # _____ Ok to call you here

Cell Phone # _____ Ok to call you here

Work Phone # _____ Ok to call you here

Which # above should we use first? (home) (cell) (work) Second? (home) (cell) (work)

E-mail address _____

Languages Spoken _____

Availability

Please indicate the days and times you are usually available to volunteer.

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Morning:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evening:		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

Emergency Contact Information

Name _____ Relationship _____

Telephone Number _____

Assignment Preferences

- Pantry: interviewer food order bagger stacking shelves cleaning
- Clothes Closet
- St. Vincent de Paul Kitchen Cook Server Coordinator
- Fund Raising
- Donated Food Pick Up 1 (requires driving in our van to a Supermarket, or Food Bank for a pick-up. It may require lifting of 35 -40lbs)
- Donated Food Pick Up 2 (requires driving in your vehicle to a Supermarket to pick-up bread and/or milk on a weekly or bi-weekly basis.

Affidavits and Releases

St. Vincent de Paul of Hampton [SVDP] appreciates your willingness to share your talents and skills. Providing safe and secure programs is of utmost importance to us. The information gathered in this application is designed to help us provide the highest quality programs for the people in our community and is held in complete confidentiality. Please note: Answering yes does not necessarily prohibit you from volunteering at SVDP or any of its programs.

Have you ever:

Been terminated from volunteer service? (yes) (no)

Been convicted of a crime? (yes) (no)

Had your driver's license suspended? (yes) (no)

Please explain any "yes" answers _____

Affidavits and Releases

I understand and agree that false statements and/or omissions regarding past conduct and/or present situations are cause for rejection of my application or dismissal from my volunteer service. I agree to observe all of St. Vincent de Paul guidelines and policies, as stated in Volunteer Handbook, for in which I am applying.

I understand that the St. Vincent de Paul takes all allegations of abuse seriously. I further understand that the St. Vincent de Paul cooperates fully with the authorities to investigate all cases of alleged abuse. Abuse of minors or vulnerable adults is grounds for immediate dismissal and possible criminal charges. I hereby authorize the SVDP to conduct a personal and professional background check for the purpose of my application. They may contact references; past and current employers; churches, youth organizations, or agencies where I have provided volunteer service; and any other individual or organization that may have information relevant to my application.

In consideration of the opportunity to volunteer in this program, I agree to RELEASE AND HOLD HARMLESS AND INDEMNIFY, St. Vincent de Paul of Hampton, and its programs, and all their agents, servants, and employees from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my participation in this volunteer program.

I have read and understood the above stated information within this release and am signing below of my own free will.

Signed _____ Date _____

You are hereby recognized as a volunteer for the Society of the St Vincent de Paul. The purpose of this form is to comply with RSA 508:17, the volunteer immunity law.