



Society of St. Vincent de Paul
 Application for Volunteer Services
 Youth – 15 to 17 years old

APPLICANT INFORMATION		PLEASE PRINT	
Last Name	First Name	Middle	
Street Address			
City	State	Zip	
Home Phone		Cell Phone	
DOB / /		Drivers License Number & State	
Email Address			
List other states where you have lived			
Have you ever been convicted of a felony? (A Criminal Record does not constitute an automatic bar to volunteering)			YES <input type="checkbox"/>
If yes, please explain			NO <input type="checkbox"/>
Have you used any other names? Aliases? Nick names? If so, please list			

EMERGENCY CONTACT
Name
Address
Phone Number

EMPLOYMENT (if currently employed)
Name of Company
Address
Phone Number

VOLUNTEER HISTORY	
Agency Name	Agency Name
Job Duties	Job Duties
Contact Name	Contact Name
Phone Number	Phone Number

VOLUNTEER OPPORTUNITIES									
Availability: What days are you available? Please write in the times you would like to Volunteer									
Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____									
Please circle all locations where you would like to Volunteer									
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">Central/ Administrative Offices</td> <td style="width: 33%; border: none;">Home Visits</td> <td style="width: 33%; border: none;">Conference at your Parish</td> </tr> <tr> <td style="border: none;">Food Pantry</td> <td style="border: none;">Educational Programs</td> <td style="border: none;">Retail Store Vincentian Center</td> </tr> <tr> <td style="border: none;">Retail Store Bellaire</td> <td style="border: none;">Special Events</td> <td style="border: none;">Warehouse</td> </tr> </table>	Central/ Administrative Offices	Home Visits	Conference at your Parish	Food Pantry	Educational Programs	Retail Store Vincentian Center	Retail Store Bellaire	Special Events	Warehouse
Central/ Administrative Offices	Home Visits	Conference at your Parish							
Food Pantry	Educational Programs	Retail Store Vincentian Center							
Retail Store Bellaire	Special Events	Warehouse							

SPECIAL SKILLS OR QUALIFICATIONS
List any skills that you would like to utilize during your volunteering activities.
Languages (Please indicate to what degree)
Speak:
Read:
Write:



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REFERENCES Applications will not be complete until all reference letters have been received

For the safety of our friends in need, our volunteers are required to obtain 3 references. Please use the attached letter for your references. References can be submitted via email to volunteer@svdphouston.org or fax 713-741-3639

VIRTUS®

All members and adult volunteers (18 years and older) working within the Society of St. Vincent de Paul, must complete the VIRTUS® Training within 30 days of receiving approval on their application status.

Information is available on the *Protecting God's Children™ Program* at www.virtus.org

If you have already taken VIRTUS® please indicate at which location and when:

Location:

Date:

CONFIDENTIALITY

Any information provided about the client(s) of Society of St. Vincent de Paul is to be kept in the strictest of confidences. None of the information exchanged about individuals, organizations, or client cases will be discussed or shared outside of my official responsibilities with the Society of Saint de Vincent de Paul.

PHOTO RELEASE

I understand that promotional pictures (individual and group) will be taken while volunteering. I give permission for my picture to be used for promotional materials (newsletter, web page, calendars, flyers, etc.) in highlighting the Society of St. Vincent de Paul. All photos and copyrights belong to the Society of St. Vincent de Paul.

CERTIFICATION- AUTHORITY FOR RELEASE

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.

I certify that these statements are true to the best of my knowledge and belief, are made in good faith, and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I hereby give the Society of St. Vincent de Paul permission to conduct a background check as well as contact other individuals and organizations deemed necessary in determining my volunteer eligibility.

You will be notified once your application has been approved and then you may begin your volunteer service with the Society of St. Vincent de Paul.

I understand that once my application is approved I will have 30 days to complete VIRTUS® Training.

I agree on behalf of myself, my child's other parent if known or living (name of parent) _____, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend The Society of St. Vincent de Paul Archdiocese of Galveston-Houston, the sponsoring parish/school (its pastor, youth minister, principal, other agents, etc.) or any representatives associated with the scheduled activity unless the parties involved were careless or negligent.

I authorize treatment by a licensed medical physician or licensed medical team in case of any accident or illness that may so arise, or any hospitalization necessary.

Important! To be signed by the Applicant and Parent/Guardian for youth under 18 years of age.

Applicant Signature

Date

Parent/ Guardian Signature

Date



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Volunteer Questionnaire	Yes	No
Do you like problem solving?		
Can you work with people from different cultures and backgrounds?		
Do you like working with computers?		
Are you a detail person?		
Do you like fundraising?		
Do you like planning, scheduling or organizing?		
Do you like working with print and electronic media?		
Can you apply your skills to fit unusual situations?		
Do you like working with numbers, records or accounting?		
Do you like working with heavy equipment or transportation?		
Do you like working with personnel or training?		
Do you like Public Speaking?		
Are you a good negotiator?		
Are you a Manager or Leader?		
Are you familiar with Social Media?		
Description of your Interests Do you like to ...	Yes	No
Help fill out forms and paperwork?		
Make Home Visits to those in need?		
Sort & distribute clothing and household donations?		
Assist in assembling furniture?		
Assist in clean up efforts?		
Assist in afterschool / summer programs for children?		
Assist elderly with household chores or repairs?		
Deliver food and other items to those in need?		
Assist in Career Development and Job Placement searches?		
Dedicate 1 hr to visiting the Blessed Sacrament- praying for those in need and for Volunteers?		
Teach others skills that will help them become more successful?		



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Volunteer Reference Application

The Volunteer Applicant is asked to submit a reference from three individuals. These could be the following:

- An employer, friend, co-worker/ peer, parish minister
- A minister, pastor
- A coach, advisor, teacher or other influential leader in your life

Applicant's Name: _____

Your Name: _____

Phone: _____ Email Address: _____

Your relationship to Applicant: _____

How long have you know the Applicant? _____

1. What would you say are the Applicant's Strengths?

2. What is the Applicant's ability to work with others, especially people in search of assistance?

3. Do you have any concerns about the applicant's ability to volunteer at this time serving the poor?

4. Do you recommend this Applicant:

_____ with enthusiasm

_____ with reservations

_____ not sure they are ready for this type of challenge

Are you interested in learning more about the Society and how you can help others? YES NO

References can be submitted via email to volunteer@svdphouston.org or fax 713-741-3639