



Society of St. Vincent de Paul  
 Application for Volunteer Services  
 for adults 18 yrs and older

<b>APPLICANT INFORMATION</b>			<b>PLEASE PRINT</b>			
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"/>	NO <input type="checkbox"/>
If yes, please explain						
Have you used any other names? Aliases? Nick names? If so, please list						

<b>EMERGENCY CONTACT</b>
Name
Address
Phone Number

<b>EMPLOYMENT</b> (if currently employed)
Name of Company
Address
Phone Number

<b>VOLUNTEER HISTORY</b>	
Agency Name	Agency Name
Job Duties	Job Duties
Contact Name	Contact Name
Phone Number	Phone Number

<b>VOLUNTEER OPPORTUNITIES</b>		
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		
Central/ Administrative Offices	Home Visits	Conference at your Parish
Food Pantry	Educational Programs	Retail Store Vincentian Center
Retail Store Bellaire	Special Events	Warehouse



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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](mailto:volunteer@svdphouston.org) or fax 713-741-3639

**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:

**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](http://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.

Signature \_\_\_\_\_ Date \_\_\_\_\_



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<b>Volunteer Questionnaire</b>	<b>Yes</b>	<b>No</b>
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?		
<b>Description of your Interests Do you like to ...</b>	<b>Yes</b>	<b>No</b>
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 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](mailto:volunteer@svdphouston.org) or fax 713-741-3639