

St. Joseph's Family Center Volunteer Application

Name: Date:

Address: City: State: Zip:

Home Phone: Cell Phone: E-mail:

Male Female Date of Birth:

Parent/Guardian Name (if under 18 years old):

Special Skills or Interests:

Languages:

How did you learn of St. Joseph's Family Center volunteer opportunities?

Have you ever been convicted of a felony? **Yes** **No** Explain:

Are you currently on PROBATION **Yes** **No** or PAROLE ? **Yes** **No**

P.O.'s name and contact information:

Are you seeking service hours as a condition of probation or a court order? **Yes** **No**

How many total hours are you required to complete? By what date?

Do you have any disabilities that might affect your service or for which we can provide some accommodation? **Yes** **No**

If "Yes", please explain:

Please indicate for which program(s) you are interested in volunteering:

Food Pantry **Main Office Intake/Clerical Support** **The Lord's Table** **Wheeler Manor**

What days and times are you available?

Monday **Tuesday** **Wednesday** **Thursday** **Friday** **Sunday**

Morning **Afternoon** **Evening**

Emergency Contact Information:

Name: Relationship:

Phone: