

St. Vincent de Paul, Kiel
Volunteer Application/Information Sheet



Personal Information:

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Birthday: Month ____ Day ____ Year ____

Availability: (days/hours you would be available to volunteer)

Day	Morning	Afternoon	As Needed	On Call
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

Interests: (tell us which areas you are interested in volunteering)

_____ Arranging & Cleaning Shelves

_____ Cashier

_____ Donation Attendant

_____ Electronics Repair

_____ Furniture Repairs

_____ Pick-up (Tuesday & Friday AM)

_____ Sorting, Pricing, Runner

_____ Warehouse

Other Interests: _____

Please list any special skills or qualifications you have acquired from employment, previous volunteer work or through other activities, hobbies or sports.

Emergency Information:

Emergency Contact: _____ Relationship to You: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Alternate Emergency Contact: _____ Relationship to You: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Any special medical information you want us to be aware of _____

New Application Date: _____

Updated Date: _____