St. Vincent's®
A Tradition of Caring Since 1858

INDIVIDUAL VOLUNTEER APPLICATION

Thank you for your interest in serving with St. Vincent's. Please complete this application so we can identify a safe and meaningful volunteer assignment.

1. Applicant Information

Legal name _____	**Preferred name** _____
Street address _____	**City, State, ZIP** _____
Primary phone _____	**Email address** _____
Preferred contact: ☐ **Phone** ☐ **Text** ☐ **Email** _____	**Application date** _____

Age: ☐ 18 or older ☐ Under 18 — current age: _____

If volunteer service is required by a school, court, employer, or other organization: ☐ No ☐ Yes

Organization or school _____	**Required hours and completion date** _____

2. Volunteer Interests

Please check all areas that interest you. Placement depends on program needs, supervision, and required screening.

☐ Fr. Virgil Cordano Center (meal and guest services)	☐ Legacy Garden / urban agriculture
☐ Weekend Nutrition Bags / Dignity Shoes	☐ Office or clerical assistance
☐ Family Strengthening Program	☐ Special events and outreach
☐ Early Childhood Education Center	☐ Arts, crafts, music, or enrichment
☐ Aging Well and senior services	☐ Skilled or professional services
☐ Housing community activities	☐ Wherever help is most needed

Other interests or preferred assignment: _____

3. Availability and Commitment

Check the times you are generally available. Specific schedules will be arranged with the program supervisor.

Time	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning	☐	☐	☐	☐	☐	☐	☐
Afternoon	☐	☐	☐	☐	☐	☐	☐
Evening	☐	☐	☐	☐	☐	☐	☐

Preferred start date _____	**Hours available per week or month** _____
Preferred frequency _____	**How long can you commit?** _____

4. Experience, Skills, and Motivation

Why would you like to volunteer with St. Vincent's?

_____

_____

Please describe previous volunteer, employment, caregiving, ministry, or community experience that may be relevant.

_____

_____

_____

What skills, interests, languages, licenses, or certifications would you like to use in your service?

_____

_____

_____

Would you be comfortable serving with people from diverse backgrounds and life experiences? ☐ Yes ☐ No ☐ I would like to discuss this

Do you need a reasonable accommodation to participate in the application or volunteer process?

☐ No ☐ Yes — please contact me

Please do not include medical or disability details on this application. If needed, St. Vincent's will discuss accommodations privately.

5. References

Please provide two adults, other than family members, who can speak about your reliability, character, or experience. St. Vincent's will contact references only as needed for volunteer screening.

Reference 1 — Name _____	**Relationship to applicant** _____
Phone number _____	**Email address** _____

Reference 2 — Name _____	**Relationship to applicant** _____
Phone number _____	**Email address** _____

6. Applicant Acknowledgment

- The information I have provided is accurate and complete to the best of my knowledge.
- I authorize St. Vincent's to contact the references listed above regarding my suitability for volunteer service.
- I understand that volunteer placement is not guaranteed and depends on program needs, supervision, qualifications, and completion of applicable requirements.
- I understand that screening requirements vary by assignment and may include an interview, identity verification, reference checks, background or fingerprint clearance, health clearance, driving-record review, or program-specific training.
- I understand that I will receive information about any required screening before it is conducted and may be asked to complete separate authorization forms.
- I understand that volunteer service is unpaid and does not create an employment relationship or guarantee future employment.
- If accepted, I agree to follow St. Vincent's policies, Volunteer Handbook, confidentiality requirements, professional boundaries, safety practices, and staff direction.

Applicant signature _____	**Date** _____
Parent/guardian signature (required if applicant is under 18) _____	**Date** _____

St. Vincent's considers volunteer applicants without discrimination based on any status protected by applicable law. Information collected through this process will be used and maintained for legitimate volunteer-program purposes.

For St. Vincent's Staff Use Only

Application received _____	**Interview date** _____
Proposed program / assignment _____	**Supervisor** _____
Required screening / training _____	**Start date / disposition / staff initials** _____