

Volunteer Application

Thank you for your interest in volunteering at St Joseph Home. We look forward to having you visit. Please complete and return your application to our Development and Community Relations Department. You're going to love visiting at St Joseph Home!

NAME: _____ Month/Date of Birth: _____ / _____
LAST FIRST mm dd
 Are you 18yrs of age or older? yes no
 If under 18yrs of age what year will you turn 18? 20 _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PHONE: Home # _____ Cell # _____ e-mail _____

Please share with us why you volunteer _____

How did you hear about St Joseph Home? _____

Have you previously volunteered? yes no Where? _____

PLACE OF EMPLOYMENT: _____ PHONE# _____

OCCUPATION: _____ May we call you at work? yes no

IF STUDENT, WHAT SCHOOL DO YOU ATTEND? _____ GRADE _____

In the case of an emergency while you are at St Joseph Home who should we contact?

Contact Name _____

Relationship _____ Emergency Contact # _____

Are there any medical conditions that may limit your participation as a volunteer at St. Joseph Home?

IF SCHOOL RELATED OR MANDATED SERVICE PLEASE PROVIDE:

SCHOOL/ORGANIZATION NAME: _____

PHONE: _____ ADVISORS NAME: _____

of hours required _____ Do you plan to volunteer after your requirement has been met? yes no

