



# Volunteer Group Application

Email to [Patrice.st.pe@svdphouston.org](mailto:Patrice.st.pe@svdphouston.org) or Fax to 713 434 6588

The address for your service event is: 6654 Gulf Freeway Houston TX 77087

Main Contact & Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Group: \_\_\_\_\_

Type of Group: \_\_\_\_\_ Corporate \_\_\_\_\_ Family/Friends \_\_\_\_\_ School \_\_\_\_\_ Non Profit

Size of Group: \_\_\_\_\_ Number of volunteers under 18 years old: \_\_\_\_\_

How did you hear of SVDP? \_\_\_\_\_

Does your group have a website? \_\_\_\_\_

If the group has the following provide the handle for photo tagging:

**FB** \_\_\_\_\_ **IG** \_\_\_\_\_

**Twitter** \_\_\_\_\_ **Hashtag#** \_\_\_\_\_

Please check the area(s) you are most interested in volunteering (subject to availability):

- \_\_\_\_\_ Donation and Distribution
- \_\_\_\_\_ Food Fair (Friday and/or Saturday)
- \_\_\_\_\_ Resale Store

Would you like a tour of the facility?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Dates and times interested to Volunteer	
Date	Time

**Dress code: Closed toe shoes, pants or knee length shorts, shirts with sleeves**



Group Name \_\_\_\_\_

## Society of St. Vincent de Paul Volunteer Agreement Form

### Confidentiality

I understand and agree that all information about the clients of the Society of St. Vincent de Paul of the Archdiocese of Galveston-Houston (SVDP) is to be kept in the strictest of confidence. I will not discuss or share any information about individuals, organizations, or clients outside of the Society, and then only with those persons on a need to know basis.

### Photo Release

I understand and agree that promotional pictures (individual and group) may be taken during this event. I give permission for my picture to be used for promotional purposes (newsletter, web page, social media, power point, etc.) in publicizing the event and in recruiting volunteers for SVDP. **All photos and copyrights belong to SVDP.**

### Release/Indemnity

I do hereby release, discharge, indemnify, hold harmless and defend SVDP, the Archdiocese of Galveston-Houston, all other organizations and persons associated with this event, and their respective clergy, Directors, Officers, Employees, members, volunteers and agents from any and liability, claim, loss, damage, cost, expense, action, judgement or execution arising from my participation in this event, including but not limited to those arising directly or indirectly from or attributable in any way to any action or omission to act of any person (whether above defined or not) in connection with this event. I authorize treatment by a licensed medical physician or first aid treatment by any person trained in first aid treatment in case of any accident, injury or illness that may so arise, or any hospitalization necessary.

**Important! To be filled out by the Parent/Guardian for youth under 18 years of age. If participant is 18 years of age or older, consent must be signed by the individual.**

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Printed name of SVdP Volunteer                      Date                      Signature

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Printed name SVdP Parent/Guardian                      Date                      Signature

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Contact Email for Volunteer

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Contact Phone number

**Dress code: Closed toe shoes, pants or knee length shorts, shirts with sleeves**