



APPLICANT INFORMATION		PLEASE PRINT	
Last Name		First Name	Middle
Street Address			
City		State	Zip
Home Phone		Cell Phone	
DOB	Drivers License Number & State		
Email Address			
List other states where you have lived			
Have you ever been convicted of a felony? (A Criminal Record does not constitute an automatic bar to volunteering)			YES <input type="checkbox"/>
			NO <input type="checkbox"/>
If yes, please explain			
Have you used any other names? Aliases? Nick names? If so, please list			

EMERGENCY CONTACT
Name
Address
Phone Number

EMPLOYMENT (if currently employed)
Name of Company
Address
Phone Number

VOLUNTEER HISTORY	
Agency Name	Conference at your Parish
Job Duties	Job Duties
Contact Name	Contact Name
Phone Number	Phone Number

VOLUNTEER OPPORTUNITIES			
Availability: What days are you available? Please write in the times you would like to Volunteer			
Mon	Tues	Wed	Thurs
Fri	Sat	Sun	
Please circle all locations where you would like to Volunteer			
Central/ Administrative Offices	Home Visits	Conference at your Parish	
Food Pantry	Educational Programs	Retail Store Vincentian Center	
Retail Store Bellaire	Special Events	Warehouse	

SPECIAL SKILLS OR QUALIFICATIONS		
List any skills that you would like to utilize during your volunteering activities.		
Languages (Please indicate to what degree)		
Speak:	Read:	Write:



Application for Volunteers

(Please check)  Age 14 – 18  Over 18 years old

**Safe Environment Training**

The Safe Environment training is done through CMG Connect. CMG Connect is a new web-based platform that will assist us to ensure that all volunteers who are in a position of trust with children and vulnerable adults within our parishes are trained to recognize behavior patterns of potential abusers and provide pro-active measures for preventing abuse in any context. Register to create a new account via CMGConnect at <https://GalvestonHouston.CMGConnect.org> and proceed with the on-line training.

You will be required to complete a criminal background check as part of the registration process, so please make sure you enter your legal name as it appears on your Government Issued Id (Driver’s License, State-issued Identification card, Passport, etc.) when you register.”

**If you have already taken Safe Haven® or are still in compliance with your Virtus® please indicate at which location and when:**

**Location:** \_\_\_\_\_ **Date:** \_\_\_\_\_

OR  I am a minor (under 18 years old)

**CONFIDENTIALITY**

Any information provided about the client(s) of Society of St. Vincent de Paul is to be kept in the strictest of confidences. None of the information exchanged about individuals, organizations, or client cases will be discussed or shared outside of my official responsibilities with the Society of Saint de Vincent de Paul.

**PHOTO RELEASE**

I understand that promotional pictures (individual and group) will be taken while volunteering. I give permission for my picture to be used for promotional materials (newsletter, web page, calendars, flyers, etc.) in highlighting the Society of St. Vincent de Paul. All photos and copyrights belong to the Society of St. Vincent de Paul.

**CERTIFICATION- AUTHORITY FOR RELEASE**

The Society of St. Vincent de Paul does not discriminate in volunteer placement and no questions on this application are used for the purpose of limiting or excluding any applicant’s consideration for volunteer placement on a basis prohibited by local, state or federal law.

I certify that these statements are true to the best of my knowledge and belief, are made in good faith, and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I hereby give the Society of St. Vincent de Paul permission to conduct a background check as well as contact other individuals and organizations deemed necessary in determining my volunteer eligibility.

You will be notified once you application has been approved and then you may begin your volunteer service with the Society of St. Vincent de Paul.

I understand, if I am 18 years or older, that once my application is approved I will have 30 days to complete Safe Environment Training.

**Important: A parent/guardian must also sign if the applicant is under 18 years old.**

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent / Guardian Signature (if applicable)** \_\_\_\_\_ **Date** \_\_\_\_\_



Application for Volunteers

(Please check)  Age 14 – 18  Over 18 years old

**Check yes or no to each of the following statements. It will help us understand your best interests and place you where you are best suited.**

**Would you like to....**

Yes	No
-----	----

Work with computers?

Work with numbers, records, or accounting?

Work with online social media?

Plan, schedule, and organize events?

Fundraise?

Work with the media?

Work with heavy equipment?

Work with customers and clients in our resale stores?

Teach skills to others?

Speak in public to church/community/school groups and other volunteers?

Manage and lead people?

Help fill out forms and paperwork?

Make home visits to those in need?

Sort & distribute clothing and household donations?

Sort & research the value of donated books?

Distribute food in community food fairs to those in need?

Assist in clean-up and disaster relief efforts?

Assist elderly with household chores or repairs?

Deliver food and other items to those in need?

Research the value of donated antiques and other valuable items online?

Assist in career development and job placement searches?

Visit the Blessed Sacrament, praying for our volunteers and those in need?



Application for Volunteers

(Please check)  Age 14 – 18  Over 18 years old

**Volunteer Reference Application**

The Volunteer Applicant is asked to submit a reference from three individuals. These could be the following:

- An employer, friend, co-worker/ peer, parish minister
- A minister, pastor
- A coach, advisor or other influential leader in your life

Applicant's Name: \_\_\_\_\_

Your Name: \_\_\_\_\_

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

Your relationship to Applicant: \_\_\_\_\_

How long have you know the Applicant? \_\_\_\_\_

1. What would you say are the Applicant's strengths?
  
2. What is the Applicant's ability to work with others, especially people in search of assistance?
  
3. Do you have any concerns about the applicant's ability to volunteer at this time serving the poor?
  
4. Do you recommend this Applicant:
  - \_\_\_\_\_ with enthusiasm
  - \_\_\_\_\_ with reservations
  - \_\_\_\_\_ not sure they are ready for this type of challenge

Are you interested in learning more about the Society and how you can help others?

YES NO

References can be submitted via email to [volunteer@svdphouston.org](mailto:volunteer@svdphouston.org) or fax 713-434-6588