

**SOCIETY OF ST. VINCENT DE PAUL THRIFT STORE
 131 W. THOMAS ST.
 WAUSAU, WI 54401
 VOLUNTEER APPLICATION FORM**

We're so grateful that you are considering volunteering at St. Vincent de Paul. There are many ways that your gift of time could be put to good use in helping those in need. We try to match your interest to one of our many volunteer opportunities.

Name _____
 _____ (First) _____ (Last)

Address: _____ State _____ ZIP _____

City: _____ E-mail: _____

Date of Birth: _____

Primary Phone Number _____ Home Cell Work Other

Secondary Phone Number _____ Home Cell Work Other

AVAILABILITY: Monday Tuesday Wednesday Thursday Friday
 (time) ___ to ___ ___ to ___ ___ to ___ ___ to ___ ___ to ___

SKILLS, TALENTS, INTERESTS:

PREVIOUS WORK OR VOLUNTEER EXPERIENCE:

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____ Phone: _____
 Address: _____

Name: _____ Relationship: _____ Phone: _____
 Address: _____

Physician: _____ Phone: _____ Hospital Pref: _____

Health concerns or physical limitations we should be aware of:

By submitting this form I understand that there may be risks associated by volunteering. I further understand that I am volunteering of my own volition and will not hold St. Vincent de Paul or any of its affiliates liable for any detriment to myself. I have read and been informed about the content, requirements, and expectations of the St. Vincent de Paul Thrift Store. I have received a copy of the policy and agree to abide by the guidelines as a condition of volunteering with St. Vincent de Paul. I understand that if I have questions, at any time, regarding these policies, I will consult with my immediate supervisor.

Employee Signature: _____
 Employee Printed Name: _____
 Date: _____