

SVdP Trumbull County Volunteer Application



Please fill-out this form and mail or fax back:

St. Vincent de Paul Trumbull County
2431 Niles Road, SE
Warren, OH 44484

Fax: 234-223-2939
Phone: 234-223-2933
Email: svdptrumbull@svdpneodistrict.org
Web: svdptrumbull.org

Registered 501(c)3 with State of Ohio EIN: 61-1596686

Note: Lines with an asterisk are required.

• Name * _____
First
Last

• Phone Home * _____

• Phone Work _____

• Phone Cell _____

• Email * _____

• Address * _____
Street Address

City

State / Province / Region

ZIP / Postal Code

• Date of Birth (for birthday cards!) / /

Date Format: MM / DD / YYYY

← Note: A home phone or a cell phone is required.

• Affiliated Parish or Church (if applicable) _____

• Are you currently a SVdP Conference member? Yes No

• Are you part of a group of volunteers? Yes No

• How did you hear about SVdP? _____

• Why do you want to volunteer at SVdP? _____

• Have you ever been convicted of a felony or misdemeanor? * Yes No
 Your answer is confidential. A "Yes" does not prevent you from being a volunteer.

• Will your volunteer work fulfill any community service hour requirements? Yes No

• Will you need certification of your hours volunteering at SVdP? Yes No

- Skills & Interests: _____

- Recent or highest education _____
- Occupation _____
- Employer _____
- Previous Volunteer Experience? _____
- Special training _____

- Licenses _____

- Professional Registration _____
- Hobbies/Special Interests _____

- Languages Spoken? _____
- Emergency Contact Name _____

First
Last

Phone _____

Relationship to you _____

Volunteering

- What type of volunteering are you interested in? *
- Prep/Cooking/Serving meals in Dining Hall
- Special Events: e.g. Friends of the Poor Walk; Annual Spring Gala, etc.
- General Office help
- Publicity/Newsletter
- IT/Admin Support
- Fundraising
- Thrift Store Sales or Donation Intake
- Marketing
- Website/Social Media
- Food Pantry
- Home Visits
- Parish Conferences
- Holiday/Events
- Board Seat
- Other

Availability

• How often do you want to volunteer?

One Time

Weekly (4-8 hours/wk)

Internship (8-12 hrs/wk)

Until I get my hours done

• When are you available? _____

Time / Days

• Would you available to be “on-call” for special assignments? Yes No

I hereby certify that all of the information that I have given in this application is true and complete to the best of my knowledge. I understand and agree that St. Vincent de Paul has the right to terminate my volunteer relationship should I act in any manner that SVdP deems inappropriate, dangerous or disrespectful. I also understand that, if accepted, I may be required to undergo training that is pertinent to the volunteer position that I am applying for.

Signature _____

Permission to Use Likeness

St. Vincent de Paul Trumbull may take photographs and video of its employees and volunteers for internal and external use on occasion for the sole purpose of promoting the programs, services, thrift stores and mission of St. Vincent de Paul Trumbull. Please read and agree to the following: I give St. Vincent de Paul Trumbull the absolute right and permission with respect to images taken to copyright the image in the name of St. Vincent de Paul Trumbull or to use, publish and republish the same in whole or part, individually or in conjunction with other images, in any medium and for purposes including but not limited to illustration, promotion, advertising or educating the public about SVdP ministries. I hereby release and discharge St. Vincent de Paul Trumbull from any or all claims and demands arising out of or in conjunction with the use of the images.

Signature _____

Date

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Date Format: MM / DD / YYYY

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