



Society of
Saint Vincent de Paul
290 P. O. Box 4
Baltimore, MD 21202

Store Volunteer Application

DATE: _____

NAME: _____

PHONE NUMBER: _____

EMAIL: _____

ADDRESS: _____

CITY: _____

POSTAL CODE: _____

CURRENT OCCUPATION: _____

AVAILABILITY: (HRS/DAYS PER WEEK)

EMERGENCY CONTACT INFORMATION

NAME: _____ PHONE #: _____

E-MAIL: _____ RELATIONSHIP TO APPLICANT: _____

OTHER VOLUNTEER ACTIVITIES

ORGANIZATION: _____ ROLE: _____ LENGTH OF SERVICE: _____

ORGANIZATION: _____ ROLE: _____ LENGTH OF SERVICE: _____

ORGANIZATION: _____ ROLE: _____ LENGTH OF SERVICE: _____

REFERENCES: (PLEASE PROVIDE 2 REFERENCES WE MAY CONTACT. REFERENCES SHOULD NOT BE FAMILY MEMBERS. PLEASE OBTAIN THEIR PERMISSION FOR US TO CONTACT IN ADVANCE. RELATED REFERENCES ARE MOST SUITABLE IF POSSIBLE)

NAME: _____ CONTACT: _____ RELATION: _____

NAME: _____ CONTACT: _____ RELATION: _____

SIGNATURE OF APPLICANT: _____ APPROVED BY: _____

DATE RECEIVED: _____