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Director of Community Partnerships
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VOLUNTEER APPLICATION

Name: _____

DOB: _____

Address: _____

Email: _____

Home Phone: () _____ - _____

Other: () _____ - _____

Emergency Contact: _____

Phone: () _____ - _____

Are you a student? (Please Circle) Yes No

School: _____

Highest level completed: _____

Year/Grade: _____

Do you speak Spanish? (please circle) Yes No

Other foreign languages? _____

Which volunteer opportunity are you interested in? (please check all that apply)

Homeless Breakfast

Family Food Program

Homeless Showers

Office Support

After-School Programming

Senior Programs

Holiday Events

Coach/ Referee

Other _____

Why would you like to volunteer at St. Francis Center?

What are your interests/hobbies and future career goals?

List other volunteer work you have done:

Please list days and times you are available:

Monday

Tuesday

Wednesday

Thursday

Friday

Weekends

I hereby grant permission to St. Francis Center to use my photograph on its World Wide Web site or in any of the Center's printed publications without further consideration. I also acknowledge that St. Francis Center may choose not to use my photo at time it is taken, but may do so at its own discretion at a later date.

Signature: _____

Date: _____

I grant permission to St. Francis Center to perform any necessary inquiries into my personal history, including background checks and similar investigations.

Signature: _____

Date: _____