

## SFH Volunteer Application

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**General Information:**

Name: \_\_\_\_\_ Nick Name: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ (home/cell/work/other)

Alternate Phone: \_\_\_\_\_ (home/cell/work/other)

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

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

Birth day: \_\_\_\_/\_\_\_\_/\_\_\_\_ Are you over 18? Y N

**Education:**

Highest Grade Completed: \_\_\_\_\_ GED: Y N

College: \_\_\_\_\_ Course of Study: \_\_\_\_\_

Other Formal Education/Training: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Will you be receiving class credit for volunteer hours served? Y N

**Employment:**

Present Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

- Will you be receiving credit at work for volunteer hours served? Y N

**Volunteer Experience:**

Please list volunteer experience, either current or previous, including organization name, duration and duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you learn about St. Francis House and our Volunteer Program? \_\_\_\_\_  
\_\_\_\_\_

- Are you interested in a **long-term** commitment (6mths or more) or a **short-term** commitment?

**In Case of Emergency Contact (required):**

Name (First, Last)	Relationship	Primary Phone	
Street Address	City	State	Zip
Mailing Address	Alternate Phone		
Alternate Contact Name	Relationship	Primary Phone	

- Have you ever been convicted of a crime against a family or child? **Y N** (Please note that affirmative answer will not necessarily prevent you from volunteering with St. Francis House)

The information provided is true and correct to the best of my knowledge.

X \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

X \_\_\_\_\_ Date: \_\_\_\_\_  
Parent Signature (if minor)

Print Parent Name: \_\_\_\_\_