

SOCIETY OF SAINT VINCENT DE PAUL, ATLANTA

VOLUNTEER APPLICATION

Office Use Only	date _____
CC _____	RT/VOL _____
VL _____	VH/ACK _____

Please print

Full name _____ (nickname) _____ Date of Birth _____

Street Address _____ City/State/ Zip _____

Main contact number _____ Secondary _____ Email _____

Emergency Contact & Phone # _____ Employer _____

Volunteer Opportunities *(please check all areas of interest)*

Administrative/Office
 Thrift Store
 Food Pantry
 Government Benefits
 Facility Maintenance
 Education Programs
 Warehouse
 Special Events (Golf outing, Hunger Walk)

Availability (Normal Hrs are 9am – 5:30pm Mon - Fri, Sat 10 – 5pm) (Tues & Thurs 6pm - 8 pm classroom teachers)

What days are you available and please write in what time frame you can work during the those days (i.e. 10 am -2 pm)

_____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat

How many hours per week do you wish to volunteer? _____

How often will you be able to volunteer? more than once a week once a week bi-weekly monthly

Do you want to be contacted about special events possibly outside of your stated availability from above Yes No

Other Volunteer Experience

Organization Name	Responsibilities/Tasks	Date(s) of Service

Special skills/qualifications to note. Are you fluent in any other languages? Yes no, specify _____

Other Comments

****By submitting this application, I affirm that the facts in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions or other misrepresentations made by me on this application may result in my immediate dismissal.****

Full Name (printed) _____

Signature _____ Date _____

The Society of Saint Vincent de Paul is an equal opportunity Agency and promotes equal opportunity in recruitment, employment, volunteerism, training, development, transfer and promotion.



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