



# Volunteer Application

St. Vincent de Paul Society of Lane County, Inc.  
PO Box 24608, Eugene, OR 97402 | 2890 Chad Drive, Eugene, OR 97408  
Phone 541.743.7147 | Fax 541.683.9423  
Email: ashely.hensley@svdp.us | Website: www.svdp.us

*"The best way to find yourself is to lose yourself in the service of others." ~Mahatma Gandhi*

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_ Date of Birth \_\_\_\_\_

Other Last Names (if applicable) \_\_\_\_\_

## Availability

(check as many are as appropriate)

What day(s) of the week are you available?

Mon  Tues  Wed  Thurs  Fri  Sat  Sun

What time(s) of day are you available?  Mornings  Afternoons  Evenings

## Interests

(check as many are as appropriate)

**Retail Stores**  Pricing  Sorting  Cleaning/Organizing  Repairs (furniture, etc.)

**Outdoors**  Landscaping  Painting  Maintenance  Car Washing/detailing  
 Gardening

**Administrative**  Bulk mailing  Data entry  Filing  Special Projects

**Development**  Fund Raising/Donation calls  Events

**Social Service**  Food boxes  ESS Kitchen  Kids Club  Food Distribution

Please list any specific facility, office or store you're interested in volunteering at \_\_\_\_\_

Can we contact you regarding events, special projects or work days?  Yes  No

Can you speak another language other than English, fluently? If so, what language(s) \_\_\_\_\_

Are you volunteering to fulfill court-appointed community service hours?  Yes  No

Are you volunteering to fulfill the requirements of a group or program you are involved with (i.e. Academic, Occupational, Rehabilitation, etc.)?  Yes  No

If yes, please provide the following information:

Organization: \_\_\_\_\_ Program: \_\_\_\_\_

**Personal References**  
 (references must be 18 years or older  
 and not a family member)

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address (street, city, state, zip) \_\_\_\_\_  
 Phone number(s) \_\_\_\_\_ Length of acquaintance? \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address (street, city, state, zip) \_\_\_\_\_  
 Phone number(s) \_\_\_\_\_ Length of acquaintance? \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address (street, city, state, zip) \_\_\_\_\_  
 Phone number(s) \_\_\_\_\_ Length of acquaintance? \_\_\_\_\_

*Please note St. Vincent de Paul Society of Lane County volunteers may be subject to a background check prior to placement.*

Please use this space to provide additional information you feel may be helpful or relevant to placing you in a beneficial volunteer opportunity (i.e. skills, interests, experience, background)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Statement of Release**

I, the undersigned, hereby release St. Vincent de Paul Society of Lane County, Inc. (SVdP) from all liabilities in connection with any tasks performed as a volunteer and give permission to include my photograph in any of the Agency's publications. I authorize SVdP to enter my name and address into their mailing list so that I can receive their publications.

**By signing below, I understand that a criminal background check may be obtained to verify the information I have provided on this application (applicable only to volunteers over the age of 18). I understand that in the event of an accident or injury while volunteering for SVdP, my health and vehicle insurance is primary.**

Volunteers and prospective volunteers are expected to adhere to the same confidentiality standards as SVdP staff. Confidentiality includes disclosure of information about sexual orientation, religion, disability, race, color, age, creed, or personal history. Information regarding yourself, clients, staff, and other volunteers is not information that should be discussed with others within the agency or elsewhere.

I hereby authorize St. Vincent de Paul Society of Lane County, Inc. to verify all information contained in this application with any references to disclose any and all information to SVdP. I release all such persons from liability that may result or arise from the collection of all such evaluations or information or its consideration of my application.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_  
 (Required if volunteer applicant is under the age of 18)

**The following questions are part of the process to help provide a safe and secure environment for our clients as well as you. All information is held strictly confidential by SVdP staff.**

Have you had any experiences that might make it difficult to for you to work with children?

Yes No

Have you been accused or convicted of the use or sale of illegal drugs in the past 5 years?

Yes No

Have you used illegal drugs in the past 5 years?

Yes No

Have you ever struggled with alcohol or substance abuse?

Yes No

Have you ever been charged with a misdemeanor or felony?

Yes No

Do you have health issues that could place those you work with at risk?

Yes No

Have you ever been denied legal custody of your children in any legal proceedings including divorce decrees or settlements?

Yes No

A criminal background check may be obtained to verify this information. Do you have any objections?

Yes No

If you answered yes to any of the above questions, please explain:

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