



**Attachment 1011 – VOLUNTEER APPLICATION FORM**

**DATE OF APPLICATION:** \_\_\_\_\_

**CONTACT INFORMATION**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (City, State, Zip): \_\_\_\_\_

Valid Driver's License: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**VOLUNTEER POSITION INFORMATION**

Which area of work are you interested in? (Please check all that apply.)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Administration/Office | <input type="checkbox"/> Gardening/Maintenance | <input type="checkbox"/> Marketing            |
| <input type="checkbox"/> Committee Work        | <input type="checkbox"/> Group Volunteering    | <input type="checkbox"/> Mealtime Interaction |
| <input type="checkbox"/> Computer Work         | <input type="checkbox"/> Helping at Events     | <input type="checkbox"/> Social Media/Website |
| <input type="checkbox"/> Fundraising           | <input type="checkbox"/> Housekeeping          | <input type="checkbox"/> Teaching             |

What experience do you have in this area? \_\_\_\_\_

What skills can you contribute to our organization? \_\_\_\_\_

Please list your specific hours of availability:

- Sunday: \_\_\_\_\_  Monday: \_\_\_\_\_  Tuesday: \_\_\_\_\_  Wednesday: \_\_\_\_\_
- Thursday: \_\_\_\_\_  Friday: \_\_\_\_\_  Saturday: \_\_\_\_\_  As Needed/Flexible

**EDUCATION/WORK EXPERIENCE/REFERENCES**

Highest Level of Education: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Personal References—Excludes Family Members (Please list name, relationship, and contact information.):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact information: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact information: \_\_\_\_\_

**All applicants must answer the following question. Failure to answer honestly will disqualify you from service as a volunteer with our organization.**

Have you ever been convicted of a felony or misdemeanor?  YES  NO

If yes, please describe conviction below. Include date, city, county, and state where the crime took place.

Please note: A criminal background check will be conducted on all volunteer applicants. A criminal record will not necessarily prevent an applicant from being a volunteer. A criminal record will be considered as it relates to specifics of the volunteer position for which you are applying.

If you have lived outside of Indiana within the past 10 years, please list those cities/states here:



By signing below, you agree that all information you have provided in this application is true to the best of your knowledge. You are also agreeing to the following:

- I give St. Joseph Missions Women's Shelter (SJMWS) permission to conduct a background check on me, authorizing the release of information from state and/or local law enforcement agencies.
- I give St. Joseph Missions Women's Shelter permission to conduct references checks on me, authorizing the release of information from the references listed on this application.
- I acknowledge that I will not be permitted to begin volunteering until my application has been approved and I have completed the mandatory training. I will be notified of my start date.
- I will honor my volunteer commitment and agree to accept guidance and training from SJMWS staff.
- I will commit to upholding the Core Values of SJMWS.
- I pledge to keep confidential matters completely confidential and conduct myself in a professional manner at all times.
- I will notify SJMWS staff of any problems or concerns that may arise concerning a guest or my volunteer assignment in general.
- I understand that all onsite volunteer hours/assignments must be approved by the SJMWS Program Director prior to my arrival, and I agree to remain off campus until I receive authorization to be on the premises. If I will be late to/absent from my volunteer assignment, I will notify SJMWS staff as soon as possible.
- I understand that I am not permitted to give out/accept any gifts, food, or other items to/from shelter guests, nor have personal contact with guests outside of my volunteer time, without approval from the SJMWS Program Director.
- I (please choose one of the options listed) DO GIVE or DO NOT GIVE permission for my photograph to be taken during my volunteer assignment and to be used for publicity, including social media.
- I understand that the misrepresentation or omission of any information requested will serve as just cause for dismissal. I also understand that I will be dismissed if I violate policies/procedures or fail to fulfill my responsibilities as a volunteer.

\_\_\_\_\_  
Volunteer's Name (Please print.)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return your completed application to:**

St. Joseph Missions Women's Shelter  
3505 Lake Avenue  
Fort Wayne, IN 46805

Have questions or need more information?  
Please visit [stjosephmissions.org](http://stjosephmissions.org) or call 260.426.7358