



VOLUNTEER APPLICATION

Thank you for your interest in the St. Jude House Volunteer Program! We do not discriminate based on race, color, creed, national origin, age, sex or disability nor do we discriminate in hiring procedures, transfers, terminations, discipline and selection for training. Our policies are administered based on your qualifications, experience and performance in your volunteer work.

Please Print:

Last Name: _____ First Name: _____

Address: _____ Home Phone: () _____

City, State, Zip: _____

E-mail Address: _____

Employer _____ Work Phone: () _____

Occupation: _____

Education: Circle last year completed:

High School 1 2 3 4 College 1 2 3 4 Graduate 1 2 3 4

Degrees/Certifications: _____

Foreign Languages: _____

Special Interest, Skills _____
Hobbies, Organizational _____
Activities: _____

Interested in volunteering for:

- | | |
|---|---|
| _____ General office | _____ Fundraising |
| _____ Assist with bulk mailings | _____ Train for Crisis Line |
| _____ Sort/organize donations | _____ Help with Christmas donations |
| _____ Work with children | _____ Special events (House Raffle, Spring Tea) |
| _____ Transport clients to appointments | _____ Other (specify) |
| _____ Furniture moving | _____ Short-term Special Projects |
| _____ Gardening/Lawn Care | |

Previous volunteer experience: _____

How did you become aware of volunteer opportunities at St. Jude House?

Days and hours you would be available: _____

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday

Please list three personal/professional references:		
Name	Address	Phone Number
		()
		()
		()

Are you willing to transport clients using your own vehicle? No Yes

If yes, please provide a copy of your drivers license:

Do you have a good driving record? _____ Yes _____ No

Have you ever been charged with a felony? _____ Yes _____ No

If yes, explain: _____

Have you ever been or are you now a victim of domestic violence/sexual assault?

_____ Yes _____ No _____ When? (Year)

Any other comments: _____

Emergency contact information:

Contact Name: _____ Relationship: _____

Phone Number: () _____

My signature indicates that I understand a criminal history background check must be completed prior to volunteering.

Volunteer Signature: _____ Date: _____

Please mail application to: Linda Perez
Director
St. Jude House, Inc.
12490 Marshall Street
Crown Point, IN 46307

(All information contained in this application will be considered confidential.)