



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, gender, sexual orientation or disability. Nor do we discriminate in hiring procedures, transfers, terminations, discipline or selection for training. Our policies are administered based on your qualifications, experience and performance in your volunteer work.

Please note the following requirements before completing the application:

*Volunteers must complete a background check, paid for by the volunteer.
Payment will be collected when you attend our volunteer orientation.

*All St. Jude House employees and volunteers are required to be fully vaccinated for COVID-19 .
Proof of vaccination must be provided before you are able to begin volunteering.

*If you volunteer to transport clients, you will need to provide a copy of your driver's license.

***Please print**

Date: _____

Last Name: _____ **First Name:** _____

Address: _____ **City/State/Zip:** _____

Email: _____ **Occupation:** _____

Languages Spoken: _____

Do you know Sign Language? No Yes **Birth Date:** _____

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

If yes, do you have a good driving record? No Yes

Have you ever been charged with a felony? No Yes

If yes, explain: _____

Have you been a victim of domestic violence/sexual assault? No Yes

If yes: What year did the abuse occur? _____ **Would you be interested in being a "Survivor Mentor" to**

clients currently leaving abusive relationships? Yes _____ **No** _____

Please indicate which areas of volunteerism that interest you:

- General Office Assistance Fundraising Sorting Donations Assist in Children's Dept./Activities
 Transportation for Clients Gardening/Lawn Care Cleaning Shelter Monthly Appliance Cleaning
 Painting/Other Shelter Maintenance Special Events Teaching a Skill (art/music/cooking, etc.)

Days & hours you would be available:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Please provide three personal/professional references:

Name	Phone Number	Relationship

Do you have any skills or special experience that you feel can contribute to volunteering at St. Jude House?

If so, please explain:

Emergency Contact Information:

Contact Name: _____ **Relationship:** _____

Phone Number: _____

After we receive your application, we will contact you when we have an upcoming volunteer orientation.

Please mail your application to:

St. Jude House
Attn: Kari Thomsen
12490 Marshall Street
Crown Point, IN 46307

Or email to:

kthomsen@stjudehouse.org