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.

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

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***Please print**

Date:_____ **Birth Date:** _____/_____/_____

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

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

Email:_____ **Occupation:**_____

Languages Spoken:_____ **Phone #:** _____

Do you know Sign Language? ☐ No ☐ Yes

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? _____

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. Orientations are currently being held quarterly.

Please mail your application to:

St. Jude House
Attn: Brielle Hauptli
12490 Marshall Street
Crown Point, IN 46307

Or email to:

bhauptli@stjudehouse.org