St. Francis HOUSE
Compassion. Shelter. Opportunity.

# Volunteer Application

First Name _____ MI _____ Last Name _____ Birthday _____

Street Address _____

City _____ State _____ ZIP _____

Months available to volunteer - J F M A M J J A S O N D (circle all that apply)

Home Phone _____ Cell Phone _____

Email Address _____ Work Phone _____

List any special skills or talents: _____

Days available? Day - Sat&Sun (kitchen/pantry only) M T W T F S S Morning Afternoon
(circle all that apply)

Emergency Contact _____ Phone _____

Please circle area(s) you would like to volunteer: Kitchen / Admin./ Special Events / Food Pantry

Month and Day of Birthday _____

Previous Volunteer Experience

1. _____
2. _____

Work Experience

1. _____
2. _____
3. _____

Have you ever been convicted of a crime other than a traffic violation? Yes No

If yes please explain.

References Phone #

1. _____
2. _____
3. _____

I certify that the information I have provided in this application is correct to the best of my knowledge.

Signature _____ Date _____

Office Use only: Interview _____ Start date _____