

**VOLUNTEER APPLICATION**

Date: \_\_\_\_\_

Our Lady's Inn provides pregnant women and their children shelter and hope for a new life through humble acts of love. We believe every unborn child has a right to life and every pregnant woman has the right to give birth with dignity. We provide a life-affirming alternative to abortion for women who have chosen life for their unborn babies.

How did you hear about Our Lady's Inn? \_\_\_\_\_

Have you volunteered with Our Lady's Inn previously? \_\_\_ Yes \_\_\_ No

Are you volunteering with a group? \_\_\_ Yes \_\_\_ No If so, which group? \_\_\_\_\_

**PERSONAL INFORMATION**Name: \_\_\_\_\_  
Last FirstAddress: \_\_\_\_\_  
Street City State Zip Code

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Are you over 18 years old? \_\_\_ Yes \_\_\_ No

\*Parents/Guardians must sign a release of child under 18 prior to volunteering. (see last page of application)

**EMERGENCY CONTACT**

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

Primary Phone: \_\_\_\_\_ Phone #2: \_\_\_\_\_

**EDUCATION & EMPLOYMENT**

Employment Status: \_\_\_ Full-Time/Part-Time \_\_\_ Unemployed \_\_\_ Retired \_\_\_ Student

Name of Employer: \_\_\_\_\_

Employer Reference (if applicable): Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Personal Reference (if no employer): Name: \_\_\_\_\_ Phone: \_\_\_\_\_

High School: Diploma or GED? \_\_\_ Yes \_\_\_ No School: \_\_\_\_\_

College/Vocational School: Degree: \_\_\_ Yes \_\_\_ No School: \_\_\_\_\_



**POSITION INFORMATION**

Date Available to start: \_\_\_\_\_

Will you require any special accommodations to complete your volunteer assignment?  Yes  No

**Preferred Days/Times- (Please check all that are currently applicable)**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Days</b> 9 AM-5PM							
<b>Evenings</b> 5 PM –7 PM							
<b>Weekends</b> 9 AM-5PM		-	-	-	-	-	

**Area(s) of Interest:** (Please indicate your preferences. We will do our best to match your talents and availability to the organization’s needs.)

Child Care  Cleaning/Organizing  Kitchen (meal prep/serving/cooking)  Repair/Maintenance  
 Gardening/Yardwork  Special Events  Office/Clerical  Other: \_\_\_\_\_

**Special Skills:**  Arts & Crafts  Teaching/Tutoring  Technology  Other: \_\_\_\_\_

**VOLUNTEER AGREEMENT**

By signing this application, I am indicating I will support the mission and principles of Our Lady’s Inn. If at any time I am uncomfortable performing any volunteer tasks, I know I am able to discontinue my volunteer position.

Signature of Volunteer \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail, email or fax your volunteer application to:**

Our Lady’s Inn – St. Louis  
 4223 S. Compton  
 St. Louis, MO 63111  
 Phone: 314-351-4590  
 Fax: 314-351-2119  
 Email – chowardowens@ourladysinn.org

Our Lady’s Inn – Defiance  
 3607 Highway D  
 Defiance, MO 63341  
 Phone: 636-398-5375  
 Fax: 636-398-5376  
 Email – kcaldwell@ourladysinn.org

\*Volunteer applications are considered without regard to race, color, religion, gender, national origin, ability, or marital or veteran status.



## Parental Consent Form

**\*If you are under the age of 18, please complete this form along with a parent or legal guardian.**

**Volunteer Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

For supervision purposes, will an adult be able to stay with you during your volunteer time at Our Lady's Inn? (please note this is not required) \_\_\_ Yes \_\_\_ No

I, \_\_\_\_\_, hereby consent for my child \_\_\_\_\_,  
Name of parent/guardian Name of child  
to serve as a volunteer at Our Lady's Inn.

Parent/Legal Guardian's Printed Name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_