

**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 First

**Address:** \_\_\_\_\_  
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><br>9 AM-5PM       |        |        |         |           |          |        |          |
| <b>Evenings</b><br>5 PM –7 PM |        |        |         |           |          |        |          |
| <b>Weekends</b><br>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 – kcardwell@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: \_\_\_\_\_