**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** |
| **Days****9 AM-5PM** |  |  |  |  |  |  |  |
| **Evenings** **5 PM –7 PM** |  |  |  |  |  |  |  |
| **Weekends****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 – Defiance

3607 Highway D

Defiance, MO 63341

Phone: 636-398-5375

Fax: 636-398-5376

Email – tshewfelt@ourladysinn.org

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

\*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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_