**VOLUNTEER APPLICATION Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

*\*If under 18, Parent/Guardian is required to sign the Parental Release form before the minor can volunteer.*

*\*\*Some volunteer projects require a minimum age, and the Parent/Guardian may need to be present.*

**EMERGENCY CONTACT**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**EDUCATION & EMPLOYMENT**

**Employment Status:** \_\_Full-Time/Part-Time \_\_Unemployed \_\_Retired \_\_Student

**Name of Employer** (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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** |
| **Mornings**  **9 AM-12 PM** |  |  |  |  |  |  |  |
| **Afternoons**  **12 PM-4 PM** |  |  |  |  |  |  |  |
| **Evenings**  **5 PM–8 PM** |  |  |  |  |  |  |  |
| **Weekends**  **9 AM-5 PM** |  |  |  |  |  |  |  |

**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 \_\_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 or email your volunteer application to:**

Our Lady’s Inn – Defiance

3607 Highway D

Defiance, MO 63341

Phone: 636-398-5375

Fax – 636-398-5376

Email – acooper@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 required under age 16) \_\_\_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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_