

Volunteer Application – St. Joseph’s Family Center

First Name: _____ Last Name: _____

Street Address (include apartment, suite or PO Box) _____

City: _____ State: _____ Zip Code: _____

Phone - primary contact number: _____ Male Female

Email: _____ Date of Birth: _____

Parent or Guardian Name: _____

Special skills or interests: _____

Languages: English Spanish Vietnamese Others: _____

How did you learn of St. Joseph’s Family Center volunteer opportunities? _____

Are you seeking to complete community service requirements? Yes No

How many hours do you need to complete? _____ By what date? _____

Have you ever been convicted of a felony? Yes No

If yes, please explain: _____

Are you currently on probation or parole? Yes No

Your P.O.’s name and contact information: _____

Do you have any disabilities that might affect your service, or for which we can provide some accommodations? Yes No If yes, please explain: _____

Please indicate for which program(s) you are interested in volunteering:

Food Pantry Main Office Intake / Clerical Support The Lord’s Table Event Support

Times Available:	Morning	Afternoon	Evening
Monday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tuesday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wednesday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thursday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Saturday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sunday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Any Questions or Comments? _____