

Volunteer Application Form

Please write legibly



Applicant Information

Name and Address

Last: _____ First: _____ M.I. _____

Street Address: _____

City, State , Zip _____

Phone: _____ Email: _____

What is the best way to contact you? Phone Call Text Email

How did you hear about MSJ? _____

Have you ever been employed by MSJ? Yes No

If yes, in what position and when? _____

Have you ever Volunteered at MSJ? Yes No If yes, when? _____

Have you had prior experience working with people with disabilities? Yes No

What type of volunteer work are you interested in? (check all that apply)

Reading Community Day Services (9am-3pm) Recreation Special Olympics

Walking/Outdoor Activities Cottage Activities Special Events

Cooking/Baking Indoor Domestic Tasks Indoor light maintenance

Outdoor general yardwork/cleanup Vehicle cleaning

Please list any special interests, skills, talents, hobbies: _____

Days Available: _____ Hours Available: _____

Are you currently a student? Yes No

Name of School: _____ Grade Level: _____

If you are a student, are you volunteering to fulfill a school requirement? Yes No

If yes, how many hours do you need to complete? _____

When must they be completed? _____

Do you need to complete community service hours for the courts? Yes No

If yes, how many hours do you need to complete? _____

When must they be completed? _____

Do you have physical or health problems we should be aware of? Yes No

If yes, please describe: _____

Volunteer Application Form (cont.)

Have you ever been convicted of abuse, neglect, or mistreatment? Yes No

Have you been convicted of a felony in the last 7 years? Yes No

If yes to either of the last two questions above, please explain:

Please list two personal references that we may contact, other than family members, that you have known for at least one year.

Full Name: _____ **Relationship:** _____

Address: _____ **Phone:** _____

City, State. Zip: _____

Full Name: _____ **Relationship:** _____

Address: _____ **Phone:** _____

City, State. Zip: _____

Disclaimer and Signature

I, the undersigned, state that all information given by me in this application is true to the best of my knowledge. I authorize Mount St. Joseph to verify such information and to contact any reference given by me.

I understand that:

- *By signing this form, I agree to a background check.*
- *By signing this form, I give permission for MSJ to contact and obtain information from the references listed above.*
- *By signing this form, I agree to abide by COVID-19 precautions, including vaccination.*
- *I will need to participate in an orientation/training which will review rules and procedures of Mount St. Joseph.*
- *All information about people served at Mount St. Joseph is strictly confidential. No names, identifiable information, comments, or descriptions of persons is to be discussed outside of Mount St. Joseph.*
- *Cameras, photos, or recording devices are not allowed without administrative approval and written release.*
- *Services performed are provided on a voluntary basis. No agreement has been made for compensation.*

Signature: _____ **Date:** _____

Print blank document. Fill out relevant information.
Sign, date and return to Mount St. Joseph