



Volunteer Services Application

Save Volunteer Application to desktop as a PDF prior to completing the form.

Open Application from Desktop, complete, save, and email to address provided.

Thank you for your interest in volunteering with St. Joseph the Worker. Volunteers play an essential role in day-to-day activities throughout our entire organization

All volunteer applications are reviewed with consideration of current volunteer opportunities. The information you provide will be stored in confidence under the provisions of the Data Protection Act. Your completed form will be held securely and confidentially. Only authorized staff will have access to your information.

Contact Information

Name _____ Are you 18 or older? Yes No

Street Address _____

City & Zip _____ Birthday (mth/day): _____

Home Phone _____ Cell Phone _____ Texts okay? Yes No

Email Address _____

Have you ever received services from St. Joseph the Worker? Yes No

Newsletter sign up: Paper Electronic Already receive None (Opt Out)

Experience

Are you currently employed? Yes No Employer: _____

Title and Responsibilities: _____

May we contact you at work? Yes No Phone: _____

Other Training, Special Skills, or Hobbies: _____

Languages spoken: _____

Computer knowledge: _____

Highest Level of Education Completed: High School Some College Bachelor's Degree Other

Skills and Interest

Have you ever done any voluntary work before? Yes No

If you answered yes, please tell us a little about the experience.

Why do you want to volunteer now? What has motivated you to get in touch with us?

Do you have any particular skills or qualities that you could use in your voluntary work?

Are you applying for a specifically advertised position? Yes No

If yes, please write the following; Role name _____

What kind of voluntary work interests you?

(See 'Volunteer Opportunities for St. Joseph the Worker' for more information)

- Episodic Speaker Bureau
- Direct Service Special Events
- Project Based Other

When are you available for voluntary work? Totally Flexible

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Additional Information

How long do you intend to volunteer for? _____

(Note that some opportunities demand a minimum time commitment, ie. Direct Service roles)

Where do you wish to volunteer? _____

(Main Office / Satellite Office / Mobile Success Unit / Partner Location / Other)

How did you find out about volunteering with St. Joseph the Worker?

Information / Outreach meeting Internet www: _____

St. Joseph the Worker Website Media Radio / Television / Newspaper

Word of Mouth Other _____

Volunteer Opportunity Flyer

APPLICANT'S CERTIFICATION AND AGREEMENT: I hereby certify that the facts set forth on this application are true and complete. If selected as a volunteer, I agree to abide by the Volunteer Policy and Procedures established by the St. Joseph the Worker.

Signature: _____ Date: _____

(Electronically typed signature will serve as valid signature)

Return Completed Application to:

Volunteer Engagement Coordinator

PO Box 13503, Phoenix AZ 85002

info@sjwjobs.org or FAX 602-258-4940

FOR OFFICE USE:

Application Received _____

Interview Scheduled _____

Orientation Scheduled _____

Placement _____