SOCIETY OF ST. VINCENT DE PAUL SHEBOYGAN VOLUNTEER APPLICATION

APPLICANT INFORMATION

Name:					
Birthday: Home Phone:			Cell Phone:		
Current Address:					
City:	State):	Zip Code:		
Email:		Parish/Church (Optional)			
How did you hear al	oout SVdP?				
I prefer to be contacted by: (Circle one)		Phone	Text	Email	
I have the following	special talents and intere	sts:			
I am interested in vo	olunteering on: (Circle cho	pice/s)			
Mon-Morn/Aft Tue	es-Morn/Aft Wed-Morr	n/Aft Thurs-M	orn/Aft Fri-Morn/Aft	Sat-Morn/Aft	
	PE	RSONAL HISTOR	<u> Y</u>		
pre-trial diversion progr	onvicted of a criminal offense or ram (felony or misdemeanor) or erred judgement arrangement parate sheet)	? Answer yes if you	have entered a plea agreer	ment, including a de-	
Have you ever been co	onvicted or arrested for Crimir	al Conversion (Ex.	Shoplifting):Yes	No	
	smissed from any volunteer c civic, or nonprofit organizatio			at the end of your mem-	
Volunteer Initial:	Date:				
		SAFEGUARDING			
Texas. The Safeguard viduals feel safe and e persons are not violate Your volunteer accepta	onse to Resolution 189 passe ing program consists of a bac mpowered when they use the ed. ance will be based on comple ing we can not accept your ve	ekground check and e services which ou ting the training an	d education via videos to end r Society provides, and that	sure that vulnerable indi- the human rights of all	
Volunteer Initial:	Date:				