



Society of  
Saint Vincent de Paul  
200 Parkdale Ave. N  
Hamilton, ON L8H 5X2

# Store Volunteer Application

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

CURRENT OCCUPATION: \_\_\_\_\_

AVAILABILITY: (HRS/DAYS PER WEEK)

## EMERGENCY CONTACT INFORMATION

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ RELATIONSHIP TO APPLICANT: \_\_\_\_\_

## OTHER VOLUNTEER ACTIVITIES

ORGANIZATION: \_\_\_\_\_ ROLE: \_\_\_\_\_ LENGTH OF SERVICE: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_ ROLE: \_\_\_\_\_ LENGTH OF SERVICE: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_ ROLE: \_\_\_\_\_ LENGTH OF SERVICE: \_\_\_\_\_

**REFERENCES:** (PLEASE PROVIDE 2 REFERENCES WE MAY CONTACT. REFERENCES SHOULD NOT BE FAMILY MEMBERS. PLEASE OBTAIN THEIR PERMISSION FOR US TO CONTACT IN ADVANCE. RELATED REFERENCES ARE MOST SUITABLE IF POSSIBLE)

NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_ RELATION: \_\_\_\_\_

NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_ RELATION: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_