Society of
Saint Vincent de Paul

VALUE STORE
429 Barton Street East, Hamilton, ON L8L 2Y5
Email: ssvpbartonvolunteer@gmail.com

ADULT VOLUNTEER APPLICATION

Contact Information – PLEASE PRINT

Name (first, last)	
Address	
Birthdate (Month/Day - not year)	
Phone (Cell)	
Phone (Home) (if applicable)	
E-Mail Address	
Parish (if applicable)	

Availability

During which hours are you available for volunteer assignments? (Shifts are minimum 3 hours)

Wednesday	_____ 10:00 am – 1:00 pm	_____ 1:00 pm – 4:00 pm
Thursday	_____ 10:00 am – 1:00 pm	_____ 1:00 pm – 4:00 pm
Friday	_____ 10:00 am – 1:00 pm	_____ 1:00 pm – 4:00 pm
Saturday	_____ 10:00 am – 1:00 pm	_____ 1:00 pm – 4:00 pm

Interests

Please indicate in which area(s) you are most interested in volunteering

_____ Donation Sorter
_____ Furniture Repair / Electronics Testing
_____ Web Design / Computer Programming
_____ Truck Deliveries (*must be able to lift 50 lbs and be available for a full day 9:30 – 4:30)
_____ Cashier
_____ Retail Displays/ Marketing / Advertising Design
_____ General Maintenance
_____ Other: _____

Society of
Saint Vincent de Paul

VALUE STORE
429 Barton Street East, Hamilton, ON L8L 2Y5
Email: ssvpbartonvolunteer@gmail.com

Reason for Volunteering and Special Skills or Qualifications

In the space provided below, please summarize any special skills and/or qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. Please include languages spoken.

Limitations

In the space provided below, please provide information regarding any medical conditions that would affect your volunteering that we should be aware of (allergies, physical health concerns, etc.)

References:

Please provide two references that are preferably NOT related to you and include email address. A reference form will be sent to your references to complete as part of the application.

1st Reference:	
Name	
Email	
Phone Number	

Society of
Saint Vincent de Paul

VALUE STORE
429 Barton Street East, Hamilton, ON L8L 2Y5
Email: ssvpbartonvolunteer@gmail.com

2nd Reference:	
Name	
Email	
Phone Number	

Emergency Contact Information

Person to Notify in Case of Emergency

Name	
Relationship	
Phone	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (PLEASE PRINT)	
Signature of Applicant	
Date	

We take the necessary precautions to protect your personal information and adhere to all privacy legislative requirements. A completed Police Records Check will need to be submitted along with your application

Thank you for completing this application form and for your interest in volunteering with the Society of St. Vincent de Paul Value Store located at 429 Barton Street East, Hamilton.

Authorized Signature: _____ Date: _____