

**Volunteer Application**  
Society of St. Vincent de Paul  
Redmond Conference

**Personal Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Mailing  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_

**Previous Volunteer Experience**

Organization Name(including St. Vincent de Paul volunteer work) – Dates – Duties:

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**Previous Work Experience**

Please categorize Employer Name – duties – special skills: \_\_\_\_\_

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**Other Skills, Training, Foreign Language, Sign Language**

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**How did you hear about volunteer opportunities at St. Vincent de Paul?**

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**List any felony convictions**

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**Emergency Medical Information**(this will allow St. Vincent to provide quality assistance to you in the event of a medical emergency)

Emergency Contact Name and Phone Number\_\_\_\_\_

Medications\_\_\_\_\_

Allergies\_\_\_\_\_

Preferred Physician Name and Number\_\_\_\_\_

**Physical Limitations** (this information will assist St. Vincent staff in the best volunteer position placement based on your individual needs)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Volunteer Areas of interest** (please check all that apply)

Thrift Store:

\_\_\_ clothing

\_\_\_ books

\_\_\_ collectibles and antiques

\_\_\_ donation pick ups

\_\_\_ appliance testing

\_\_\_ Other\_\_\_\_\_

\_\_\_ cash register

\_\_\_ misc. and household

\_\_\_ linens, crafts, fabrics

\_\_\_ cleaning and sorting

\_\_\_ pricing and stocking

Social Services:

\_\_\_ Food Bank

\_\_\_ Client Interviews

\_\_\_ Other\_\_\_\_\_

\_\_\_ Food Deliveries

\_\_\_ Clerical

**Dates and Times Available** – Volunteers are important to St. Vincent. We depend on you to assist our paid staff in completing services to those in need. We consider you one of our staff, serving in a volunteer capacity:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Volunteer Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Volunteer Printed Name**

## **Volunteer Conditions and Confidentiality Release**

St. Vincent de Paul Society(SDVP)  
Redmond Conference

### ***I understand and agree to the following:***

St. Vincent de Paul is a non-profit organization operating a social service center and thrift store in Redmond, Oregon.

Volunteers agree to assist SDVP with its operations on a scheduled basis and are at-will volunteers, meaning either party may terminate Volunteer's services at any time.

Volunteer's assistance is provided without remuneration.

Volunteers work for the organization at their own risk.

Volunteers will work under the policies and procedures of SDVP.

### ***Waiver Agreement***

As a volunteer, I agree to release SDVP's agency, representatives, employees, officers and successors in interest, from any and all claims, debts, demands and liability of any kind arising out of injury, death or property damage suffered by Volunteer while performing Volunteer Services for SDVP, regardless of cause.

No workman's compensation or medical insurance is provided for the Volunteer through SDVP and Volunteer services are exempt from the Oregon Worker's Compensation Act. Volunteers are responsible for his/her own medical bills as a result of any injury as covered in this agreement.

Volunteer has signed this agreement willingly and on his/her own volition and has had ample opportunity to have its content reviewed by legal counsel.

### ***Confidentiality and Respect***

- As a Volunteer, I agree to maintain client and staff confidentiality.
- As a Volunteer, I will treat people with respect, dignity and quality customer service
- As a Volunteer, I will work as a team player with fellow volunteers and staff
- As a volunteer, I will provide assistance to SDVP clients and customers without judging their choices or imposing my own personal views or opinions on them.
- I understand that any breach of confidentiality or disrespect of clients will result in the termination of my services as a Volunteer at SDVP.

***Read, Signed and Agreed:*** \_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

***Printed name:*** \_\_\_\_\_