



St. Vincent de Paul Community Kitchen and Resource Center

1345 Park Street Clearwater, FL 33756

Volunteer Application

The Society of St. Vincent de Paul Community Kitchen and Resource Center is a 501(c)(3) not-for-profit corporation and does not discriminate on the basis of race, color, religion (creed), gender identity or expression, genetic predisposition or carrier status, age, national origin (ancestry), disability, marital status (including pregnancy), sexual orientation, military or veteran's status, in any of its employment, volunteer or service activities, including, but not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. We are committed to providing an inclusive and welcoming environment for all members of our staff, clients, volunteers, subcontractors, vendors and donors.

PERSONAL INFORMATION (PLEASE PRINT CLEARLY)

Last	First	MI	
Name:			Date of Application: Month/Day/Year
Address:			Date Available to Begin: Month/Day/Year
City:			E-mail:
Zip Code:			Primary Phone:
Date of Birth: Month/Day/Year			Secondary Phone:
Gender (Optional):			

GENERAL INFORMATION

How did you hear about the St. Vincent de Paul Community Kitchen and Resource Center?
Why would you like to volunteer? Do you need to complete volunteer hours for school, work or other program? If so, how many?
Have you or a member of your family received services from the Center? If so, when?

EXPERIENCE

EDUCATION Highest Level Completed:		Degree	Year
List any other degrees, certificates or licenses:			
EMPLOYMENT Current Employer:		Current Position:	Years in Position:
Street Address	City:	State:	Zip:
VOLUNTEER EXPERIENCE			
Name of Organization:		Position(s) Held:	
1.			
2.			
3.			
SKILLS (PLEASE LIST)			
<input type="checkbox"/> CREATIVE/ARTISTIC/GRAPHIC DESIGN: <input type="checkbox"/> MECHANICAL/HANDYMAN/CONSTRUCTION: <input type="checkbox"/> LANGUAGES/EDITORIAL/WRITING: <input type="checkbox"/> CULINARY/DOMESTIC: <input type="checkbox"/> EVENT PLANNING/NETWORKING/FUNDRAISING: <input type="checkbox"/> BUSINESS/LLEGAL/FINANCIAL: <input type="checkbox"/> TECHNOLOGICAL/COMPUTER: <input type="checkbox"/> OTHER:			

AREAS OF INTEREST (PLEASE INDICATE)

COMMUNITY KITCHEN	SOCIAL SERVICES
ADMINISTRATIVE/PRO BONO	FACILITIES SUPPORT
FUNDRAISING	COMMUNITY OUTREACH
LANDSCAPING	LAUNDRY
BOARD MEMBERSHIP	OTHER

EMERGENCY CONTACT(S)

Name	Relationship	Phone
Name	Relationship	Phone

PHOTO RELEASE

I hereby grant the St. Vincent de Paul Community Kitchen and Resource Center permission to use my likeness in any photograph, video or other digital or print reproduction in any and all of its publications, including websites and social media, without payment or other consideration. AGREE DISAGREE

Signature: _____ **Date:** _____

Parent/Guardian Signature: _____

SIGNATURES

VOLUNTEER SIGNATURE

I affirm that the information in this application is correct and true to the best of my knowledge. I agree to abide by the policies and procedures for volunteers as outlined in the Society of St. Vincent de Paul Community Kitchen and Resource Center Volunteer Handbook. I agree to maintain the confidentiality of the organization, clients, employees and fellow volunteers and to conduct myself as a conscientious representative of the Society of St. Vincent de Paul.

Signature: _____ **Date:** _____

GUARDIAN OF STUDENT VOLUNTEER SIGNATURE

I give my permission for _____ (print name of student) to volunteer for the Society of St. Vincent de Paul Community Kitchen and Resource Center. I have also read the Volunteer Handbook, agree to the policies and procedures outlined therein and reviewed these with him/her.

Parent/Guardian Signature: _____ **Date:** _____

Print Name of Parent/Guardian: _____ **Relationship:** _____

School: _____ **County:** _____

School Representative (if required): _____ **Position:** _____

