



St. Vincent de Paul Community Kitchen and Resource Center

1345 Park Street Clearwater, FL 33756

SVdP 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. Website: www.svdpsoupclearwater.org - eMail: info@svdpsoupclearwater.org

Instructions: To fill out this form online, Adobe Reader is required. To download the free application [click/tap here](#). Then, close this page and reopen with Adobe Reader. Next complete, print for your records, and then "Submit". A representative will contact you soon.

To print a blank form click/tap on "Print". Manually fill out and then mail, or email, to SVdP. To clear all data entry click/tap on "Clear".

PERSONAL INFORMATION

Name (Last, First MI)	Date of Application: Month/Day/Year
Address	Date Available to Begin: Month/Day/Year
City	eMail (Optional)
Zip Code	Primary Phone
Date of Birth: Month/Day/Year	Secondary Phone (Optional)
Gender (Optional)	Social URL (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
ACCOLADES (List any Other Degrees, Certificates or Licenses)		
EMPLOYMENT (Current Employer)	Current Position	Years in Position
EMPLOYER'S ADDRESS (with City / State / Zip)		
VOLUNTEER EXPERIENCE Name of Organization / Position(s) Held 1. 2. 3.		
SKILLS (Please Check)		List Other or More Details
<input type="checkbox"/> Creative / Artistic / Graphic Design / Musical / Theater <input type="checkbox"/> Mechanical / Handyman / Construction / Trades <input type="checkbox"/> Languages Arts / Editorial / Writing / Grants <input type="checkbox"/> Domestic / Culinary / Organizing / Companionship <input type="checkbox"/> Event Planning / Networking / Fundraising / Travel <input type="checkbox"/> Business / Sales / Spokesperson / Financial / Legal <input type="checkbox"/> Technological / Computer / Media Specialist <input type="checkbox"/> Other Skills >>>		

AREAS OF INTEREST (Please Indicate and/or Comment)

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

EMERGENCY CONTACT(S)

Name / Relationship / Phone
Name / Relationship / Phone

PHOTO / MEDIA 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. Select agree or disagree > **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 _____ (type 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:** _____

Initials of Parent/Guardian: _____ **Relationship:** _____

School: _____ **County:** _____

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