



School
Sisters
of St. Francis

St. Joseph Convent • 526 Mill Street • Campbellsport, Wisconsin 53010
920-533-1100 • Fax 920-533-1145

VOLUNTEER APPLICATION

PLEASE PRINT IN INK

DATE: _____

Last Name		First Name		Middle Initial	Date of Birth / /			
Street Address			City		State	Zip		
Primary Phone Number ()		<input type="checkbox"/> Home <input type="checkbox"/> Cell		Secondary Phone Number ()		<input type="checkbox"/> Home <input type="checkbox"/> Cell		
Social Security Number - -				E-mail Address			How did you hear about our volunteer program?	
Emergency Contact Name (First and Last)					Emergency Contact Relationship			
Emergency Contact Primary Phone Number ()		<input type="checkbox"/> Home <input type="checkbox"/> Cell		Emergency Contact Primary Phone Number ()		<input type="checkbox"/> Home <input type="checkbox"/> Cell		
Emergency Contact Street Address, City, State, Zip								
Desired Volunteer Position or Responsibilities								
Reason for Volunteering								
Name, City, and State of School				Date of Graduation or Date of Expected Graduation		Describe Area of Study (If Applicable)		
High School								
College								
Other								
Special Skills or Talents								
Hobbies or Areas of Interest								
Licenses or Certifications and Applicable Numbers and Expiration Dates								

Present or Last Employer	Company Name, City, and State					
Position Title			Phone Number ()		Employment Dates / to /	
Present or Last Employer	Company Name, City, and State					
Position Title			Phone Number ()		Employment Dates / to /	
Present or Last Employer	Company Name, City, and State					
Position Title			Phone Number ()		Employment Dates / to /	
Previous Volunteer Experience	Organization Name, City, and State					
Responsibilities			Phone Number ()		Volunteer Dates / to /	
Previous Volunteer Experience	Organization Name, City, and State					
Responsibilities			Phone Number ()		Volunteer Dates / to /	
Any Other Useful Information						
Times Available Each Day						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Any Special Schedule Instructions				Total Number of Hours Available per Week		
Two Non-Relative References Who Have Known You at Least Two Years						
Reference Name			Reference Organization		Reference Phone Number ()	
Reference Name			Reference Organization		Reference Phone Number ()	
I understand and agree that submitting this application form does not automatically register me as a St. Joseph Convent Volunteer. By signing this form, I attest that the information I have provided on this form is true and accurate.						
Applicant Signature _____				Date _____		