



SAINT WILLIAM VOLUNTEER APPLICATION

NOT FOR VOLUNTEERS WORKING WITH CHILDREN OR VULNERABLE ADULTS

Please Print

Date: _____

Name: _____

Email: _____

Home Address: _____
Street City State Zip

Phone: Home: _____ Cell: _____

Seasonal Address: _____
Street City State Zip

Emergency Contact

Name: _____ Phone: _____

Current Memberships (religious, community, etc.): _____

Previous volunteer experience: _____

Skill Set/Experience: (Love to cook, photography, knit, second language, etc.) _____

When are you available?: _____

Volunteer interest: _____

2 references:

Name: _____ Phone: _____

Name: _____ Phone: _____

If minor, are these services hours? If so, what entity are they for? _____

Signature: _____ Date: _____

If minor, Guardian's Signature: _____

Photo Release (circle): yes no Please initial: _____

Please return this form to the parish office or drop in the collection basket!