



Sisters of Notre Dame Volunteer Application Form

Date: _____

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____ Date of Birth _____

Social Security # _____ Drivers License # _____

Primary Language Spoken _____ Secondary Languages _____

Are you at least 18 years of age? Yes___ No___ If no, please indicate your age: _____

Are you currently employed? Yes___ No___ If yes, where: _____

Any Physical Limitations: Yes___ No___ If yes, explain: _____

Highest education level reached: Some high school High School Grad College Grad

Are you related to a Sister of Notre Dame, living or deceased? Yes___ No___

If yes, please list name: _____

EMERGENCY CONTACT:

Name _____ Relationship _____

Home Phone # _____ Cell Phone # _____

PLEASE LIST 2 PERSONAL REFERENCES WHO ARE NOT RELATED TO YOU:

1. _____

Name _____ Relationship _____ Daytime Phone # _____

2. _____

Name _____ Relationship _____ Daytime Phone# _____

What days and times are you available to volunteer?

Please indicate your interests, hobbies or skills? Circle any of the following interests.

Artist	Musician/Performer	Sewing	Needlecraft	Storytelling
Decorating	Gardening	Yard Care	Housekeeping/Cleaning	Crafts
Bingo Caller	Party Planning	Cooking/Baking	Woodcraft	Trivia
Reading	Cards/Board Games	Food Pantry Volunteer	Office Work	Activities
Mentor/Tutor	Teacher Assistant	Language Instructor	Nutritionist	Fitness Instructor
Holistic Instructor	Massage Therapist	Nurse	Doctor	Counselor

What skills, knowledge or training do you wish to utilize in this volunteer opportunity?

Please tell us why you would like to volunteer in one of the Sisters of Notre Dame ministries?

Would you be interested in assisting with occasional outings? Yes ___ No ___ Possibly ___

Do you currently or have you had any past experience as a volunteer? Yes ___ No ___

If yes, please list your previous experience and the work performed:

How did you hear about the SND volunteer opportunities?

Family Friend Website Facebook School

Other: _____

Consent Form

I hereby release Sisters of Notre Dame, its ministry organizations, and its representatives from any liability and responsibility that may arise in connection with my volunteer duties. I also hereby consent for Sisters of Notre Dame to use my name, likeness or program participation for public relations purposes; I understand that I will not receive compensation for any such use.

If driving is involved in my volunteer duties, I hereby acknowledge that I have a current driver's license and automobile liability insurance. I also agree to the following requirements:

- To perform my volunteer duties to the best of my ability;
- To adhere to Sisters of Notre Dame rules and procedures, including record-keeping requirements and the confidentiality of agency and client information;
- To adhere to my volunteer commitments, or to provide adequate notice so that alternate arrangements can be made;
- To at all times conduct myself as a member of the team responsible for accomplishing Sisters of Notre Dame mission.

My consent serves as notice that the information provided on this application is true and accurate to the best of my knowledge. I understand that any intentional false or misleading information I provide may be grounds for dismissal from the Sisters of Notre Dame volunteer program. I also consent to a voluntary background check by the Sisters of Notre Dame if required to perform my volunteer duty.

I certify that I have read this release and consent to my or my child's participation as a volunteer for the Sisters of Notre Dame and its Ministries.

Signature of volunteer **over 18**: _____

Date: _____

Consent to receive TB Test: _____

For office use only.

TB Test required? Yes No

Received _____

If you are under 18 years of age, a parent or legal guardian must also sign a waiver on your behalf. If you are under 16 years of age, a parent or legal guardian must sign the waiver AND accompany you to the interview process.

Signature of volunteer **under 18**: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____

Signature of Parent/Guardian giving consent for TB Test: _____

For office use only.

TB Test required? Yes No

Received _____