



SISTERS OF NOTRE DAME VOLUNTEER APPLICATION FORM

PERSONAL INFORMATION

DATE _____

NAME _____

ADDRESS _____

HOME PHONE _____

CELL _____

EMAIL ADDRESS _____

ARE YOU OVER 18? _____ IF NOT, PLEASE LIST AGE _____

ARE YOU RELATED TO A SISTER OF NOTRE DAME, LIVING OR DECEASED? _____
IF YES, PLEASE LIST NAME. _____

EMERGENCY CONTACT

NAME _____

RELATIONSHIP _____

PHONE NUMBER(S) _____

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?

WHAT ARE YOUR INTERESTS AND HOBBIES? PLEASE CIRCLE ANY OF THE FOLLOWING INTERESTS

THAT YOU HAVE: (IF NOT LISTED, PLEASE USE THE LINES BELOW.)

ARTIST PERFORMER/MUSICIAN	SEWING/NEEDLECRAFT		STORYTELLING
DECORATING	GARDENING	YARD CARE	HOUSEKEEPING/CLEANING
CRAFTS	BINGO CALLER	PARTY PLANNING	COOKING/BAKING
WOODCRAFT	TRIVIA	READING	CARDS/BOARD GAMES

WHAT SKILLS, KNOWLEDGE, OR TRAINING DO YOU WISH TO UTILIZE HERE?

WHY WOULD YOU LIKE TO VOLUNTEER HERE?

WOULD YOU BE INTERESTED IN ASSISTING WITH OUTINGS (i.e, TRIPS TO THE ZOO, ART MUSEUM, ETC)? _____

DO YOU CURRENTLY OR HAVE YOU IN THE PAST VOLUNTEERED ELSEWHERE? PLEASE LIST PREVIOUS VOLUNTEER EXPERIENCE.

For office use only.

TB Test required? Yes No

Received _____

PARENTAL CONSENT FOR VOLUNTEERS UNDER AGE 18

I give permission for my child, _____, to volunteer for the Sisters of Notre Dame.

Signature of Parent or Guardian

Date

Printed name of Parent or Guardian

PARENTAL CONSENT FOR ADMINISTRATION OF TB TEST

I give permission for my child, _____, to receive a TB test in order to volunteer in Lourdes Hall.

Signature of Parent or Guardian

Date

Printed name of Parent or Guardian