

Volunteer Application

Date _____

Name _____

Address _____
Street City Zip

Phone _____

Email address _____

How did you hear about Cathedral Square?

☐ Cathedral Square Website ☐ United Way ☐ Friend/Family ☐ Front Porch Forum ☐ Other

How often you are available

☐ A few hours a month ☐ 1-4 hours per week ☐ 4-8 hours per ☐ For a one-time event

Times you are available-**Be as specific as you can**

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening
<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday			
<input type="checkbox"/> Morning	<input type="checkbox"/> Morning			
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon			
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening			

What do you have an INTEREST in doing?

Have you ever been convicted of a criminal offense? If yes, please explain the nature of the offense.
(Answering yes will not necessarily exclude you from being considered for volunteering.)

☐ Yes
☐ No

(over)

Have you ever been charged with neglect, abuse or assault?

- ☐ Yes
☐ No

Do you have any physical limitations or are you under any course of treatment which might limit your ability to perform certain types of work?

- ☐ Yes (please explain): _____
☐ No

Please list two non-family references that we may contact:

1. _____ Phone: _____
2. _____ Phone: _____

In the event of an emergency, whom should we notify?

Name _____ Relationship _____

Day Phone _____ Evening Phone _____

Please e-mail or mail to:

Cathie Cassano
412 Farrell St., Suite 100
South Burlington, VT 05403
Cassano@cathedralsquare.org
802-777-4543