

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

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:

Beth Alpert
412 Farrell St., Suite 100
South Burlington, VT 05403
Alpert@cathedralsquare.org
802-859-8870