

## Volunteer Application

**Application Date** \_\_\_\_\_ **Volunteer Start Date** \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_  
Street City Zip

Telephone Numbers Home \_\_\_\_\_ Cell \_\_\_\_\_

Email address \_\_\_\_\_

How did you hear about Cathedral Square?

- Cathedral Square Website     United Way  
 Friend/Family     Front Porch Forum

Other \_\_\_\_\_

Are you volunteering to complete a community service requirement? Yes  No

If yes, for  School  Court-ordered  Other \_\_\_\_\_

How often you are available

- Just once     A few hours a month     1-4 hours per week  
 4-8 hours per week     For a specific event     Other \_\_\_\_\_

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

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

What do you have an INTEREST in doing?

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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 mail to:

Beth Alpert  
Cathedral Square  
412 Farrell Street, Suite 100  
South Burlington, VT 05403

[Alpert@cathedralsquare.org](mailto:Alpert@cathedralsquare.org) | 802-859-8819