

## **Volunteer Application**

| Date  |   |   |               |                        |
|---|---|---|---------------|------------------------|
| Name  |   |   |               |                        |
| AddressStreet   |   |   |               |                        |
| Street  | City  |   | Zip           |                        |
| Phone   | _   |   |               |                        |
| Email address   | _   |   |               |                        |
| How did you hear about Cathedral Squa   | re?   |   |               |                        |
| ☐ Cathedral Square Website ☐United V  | Vay□Frie                                    | end/Family                                | ☐ Front Por   | ch Forum□Other         |
| How often you are available   |   |   |               |                        |
| ☐ A few hours a month ☐ 1-4 hours p   | per week                                    | □ 4-8 h                                   | ours per      | ☐ For a one-time event |
| Times you are available-Be as specific  | as you ca                                   | <u>an</u>                                 |               |                        |
| Monday Tuesday Wednesday  Morning Morning Morning Afternoon Evening Evening   | Thursday<br>Morning<br>Afternoon<br>Evening | y Frida<br>Morning<br>Afternoo<br>Evening | y             | on                     |
| Saturday Sunday  Mori g  Afternoon  Even g  Sunday  Mori g  Afternoon  Even g |   |   |               |                        |
| What do you have an INTEREST in doin  | ıg?   |   |               |                        |
|   |   |   |               |                        |
|   |   |   |               |                        |
| Have you ever been convicted of a crimi                                       |   |   |               |                        |
| (Answering yes will not necessarily exclu-                                    | ıde you fro                                 | om being co                               | onsidered for | volunteering.)         |
| Yes□ □ No   |   |   |               |                        |

(over)

| Have you ever been charged with neglect, abuse  | e or assault? |  |  |
|---|---------------|--|--|
| □ Yes<br>□ No   |               |  |  |
| Do you have any physical limitations or are you limit your ability to perform certain types of wo | •             |  |  |
| ☐ Yes (please explain):   |               |  |  |
| □ No  |               |  |  |
| Please list two <u>non-family</u> references that we m  | nay contact:  |  |  |
| 1   | Phone:        |  |  |
| 2   | Phone:        |  |  |
| In the event of an emergency, whom should we  | e notify?     |  |  |
| Name  | Relationship  |  |  |
| Day Phone I   | Evening Phone |  |  |
|   |               |  |  |

Please e-mail or mail to:

Beth Alpert 100 Whitney Hill Homestead Williston, Vermont 05495 <u>Alpert@cathedralsquare.org</u> 802-859-8870

