



**St. Patrick Center**  
800 N. Tucker Boulevard  
Saint Louis, MO 63101  
(314) 802-0700  
www.stpatrickcenter.org

<b>Agency Use Only:</b>	
Received:	_____
Contacted:	_____
Start Date:	_____
Placement:	_____
EMS:	RE: _____

## Volunteer Interest Form

Thank you for your interest in volunteering at St. Patrick Center. To help us best employ your time and talent, please take a moment to tell us more about yourself. After completing this form, you can use the button at the top right to print it out, then submit it to the Volunteer Coordinator, by fax at (314) 802-1982 or by mail at 800 N. Tucker Blvd., St. Louis, MO 63101. She will contact you to discuss your request.

### General Information

Today's Date \_\_\_\_\_

Name: Title: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last: \_\_\_\_\_

Date of Birth\*: \_\_\_\_\_ *\*All volunteers must be 16, unless accompanied by an adult.*

Employer/Organization/School (if applicable): \_\_\_\_\_

Church or Parish (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Type: ☐ Cell ☐ Home ☐ Work

Secondary Phone Number: \_\_\_\_\_ Type: ☐ Cell ☐ Home ☐ Work

Email Address: \_\_\_\_\_

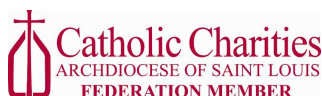
May we add your email address to our volunteer mailing list? ☐ Yes ☐ No

Preferred method of contact: ☐ Email ☐ Phone

**When are you available to volunteer?** Note: Our normal business hours are Monday through Friday from 8am to 4:30pm. Evening and weekend opportunities are very limited.

<input type="checkbox"/> Monday	Time: _____	<input type="checkbox"/> Saturday	Time: _____
<input type="checkbox"/> Tuesday	Time: _____	<input type="checkbox"/> Sunday	Time: _____
<input type="checkbox"/> Wednesday	Time: _____		
<input type="checkbox"/> Thursday	Time: _____		
<input type="checkbox"/> Friday	Time: _____		

**Our Mission:** St. Patrick Center provides opportunities for self-sufficiency and dignity to persons who are homeless or at risk of becoming homeless. Individuals achieve **permanent, positive changes** in their lives through affordable housing, sound mental health, employment and financial stability.



## VOLUNTEER INTEREST FORM

How often would you like to volunteer?  Explain, if necessary: \_\_\_\_\_

Do you need to complete a certain number of hours? ☐ Yes ☐ No

If yes, how many?  What date must they be completed by?  Hours required for:

Have you ever been convicted of or pleaded guilty to a felony or misdemeanor (other than a parking violation)? ☐ Yes ☐ No

If yes, please explain and include dates. *If disclosed, this will not necessarily disqualify you from volunteering.*

Why do you want to volunteer at St. Patrick Center?

Skills and Interests: *Check all that apply.*

- ☐ Data entry    ☐ Filing    ☐ Assembling mailings    ☐ Preparing casseroles at home    ☐ Graphic design  
☐ Caring for children    ☐ Tutoring adults    ☐ Calling potential employers    ☐ Serving lunch  
☐ Sorting donations    ☐ Providing hospitality at events    ☐ Preparing and serving dinner  
☐ Greeting and seating guests at our restaurant    ☐ Your own idea: \_\_\_\_\_

Every volunteer at St. Patrick Center helps build permanent, positive change in the lives of homeless and poor individuals by supporting agency staff. The time and talents of volunteers, when matched with our needs, make us more cost-efficient and effective as an agency and benefits our clients. Because of the personalized nature of our agency's work, our priority for our clients' dignity and our adherence to privacy laws, most volunteer tasks do not involve direct contact with St. Patrick Center clients.

Is there anything else you would like St. Patrick Center to know about you?

How did you hear about St. Patrick Center?  Please specify: \_\_\_\_\_

I acknowledge that all statements made on this form are true, complete and correct. I hereby release, indemnify and hold harmless St. Patrick Center, the organizers, sponsors and supervisors of all activities from any and all liability in connection with any injury, including any injury caused by negligence. I likewise hold harmless from liability any person transporting me to or from any St. Patrick Center facility or activity. In addition, St. Patrick Center has permission to utilize any photograph or video taken of me for publicity purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_