

Volunteer Application Form

*Please return completed applications to *info@southvalleysanctuary.com*

If you have any questions you may reach Alexandra at 801-255-1095 xt 202.

Name:			
	first	initial	last
Address: _	number	street	
	number	Sileet	
-	City/Town		Postal Code
Home:		_ Cell:	
Email:		Age:	
	an Emergency, Conta	ct: Phone number:	
• One time	pplying For: (Check th e volunteer(Less than m volunteer		
What days	/times are you availa	able to volunteer? (Cir	rcle all that apply)
Sun. Mon	. Tues. Wed. Thu	rs. Fri. Sat.	
Mornings Please spe	A cify the time frame	fternoons	Evenings
Preferred			Program of Interest:
o ASAP			• Direct services (front desk)
o Date:			• Children's Center
			 Housekeeping
			\circ Other project, please describe:
If you are l you intere		/short term volunteer	opportunities, check the circle to which event(s) are
□ Sor		□ Gardening/Yard cl	eaning 🗌 Painting
How did ye	ou hear about SVS an	d its volunteer progra	m?
List Any sl	xills/crafts you could	share with our team/	residents:
1	2		3

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Work Experience:

1) Present/Last employer:	Dates:				
Address:	City:	State:			
Supervisor:	Phone:				
Please list two (2)references (not related to you):					
1.Name: Phone:					
How long have you known this reference?					
2.Name: Phone: How long have you known this refere					

What is your preferred method of contact?

- Via email
- \circ Via phone

Would you be interested in being a part of an email database that will update you on SVS and its upcoming events?

- o Yes
- o No

Background Information Please note consent to investigate background on the bottom of the page.	Yes	No
Were you ever convicted of a felony or a misdemeanor (other than a traffic violation)?		
Do you have any pending criminal charges?		
Have you ever been subjected to a civil protective order for domestic violence or abuse?		
Have you ever been investigated for or charged with child abuse or neglect?		
Has your driver's license ever been suspended or revoked?		
Other than the above, are there facts or circumstances that would call into question the supervision, guidance and care of young people?		
If you answered "yes" to any question please explain	_	

The information contained in this application is true an correct to the best of my knowledge. I authorize you and any interested party to verify any information I have provided in this application. I authorize the Archdiocese of Indianapolis, its schools, parishes, employees and agents to seek information from any relevant source including but not limited to present and former employers, educational and training institutions, social security administration, criminal courts and state and county repositories of criminal records, department of motor vehicles or child protective services. I authorize my present employer and any previous employers, past and present fellow employees, educational and training institutions concerning my personal character, habits and employment records to the Archdiocese of Indianapolis, its schools, parishes, employees and agents. I hearby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless the Archdiocese of Indianapolis, its schools, parishes, employees and agents from any and all liability with respect to the use and or disclosure of information gathered as part of this background check. I understand that any volunteer position that requires direct intervention with residents is dependent on results of a background check. I further understand that I have no right to a volunteer position and that my position as a volunteer may be terminated immediately without cause and without notice at the sole discretion of South Valley Sanctuary employees and agents.

Si	gna	atu	ire

Date

Witness

South Valley Sanctuary would like to thank you for your expressed interest in volunteering. We look forward to working with you and hope this will be a great experience.