St. Vincent de Paul Society of Marinette
P.O. Box 1111
1619 Main St
Marinette, WI 54143
(715)735-6956
www.svdpmarinette.com
svdp@svdpmarinette.com

VOLUNTEER INFORMATION FORM **DATE:** _____

General Information:

_____ _____
Last Name *First Name* *Date of Birth*

_____
Address, City, State, Zip Code

Phone: _____ Email Address:_____

Employment/School/Education Information:
I am: ___ Employed ___Student ___Retired ___Other

List preferred volunteer position (if any): _____

Please list any skills/talents you feel would be useful to St. Vincent de Paul:

_____

_____

_____

_____

Available to Volunteer: __Monday __Tuesday __Wednesday __Thursday __Friday __Saturday
___Mornings ___Afternoons ___Evening

Emergency Contact: _____

Name of Doctor: _____ Hospital Preference: _____

I understand that I will not receive any goods or services in exchange for volunteering at St. Vincent de Paul Society of Marinette.

_____
Applicant's Signature

Thank you for your interest!