



ONE-TIME VOLUNTEER INFORMATION CARD

Please fill out this form and return prior to or on the day of your volunteer assignment. Forms must be completed before volunteering. If you are a regular volunteer, please complete a Volunteer Application.

Name: _____ Are you under 18?* Yes No
First MI Last

Address: _____
Street City State Zip

Phone: _____ Cell: _____ Email: _____

Organization/Affiliation: _____

Employer: _____

Is this community service required by an agency, program or school? Yes No

Do you have any physical or mental health limitations or are you under any course of treatment that might limit your ability to perform certain types of work? Yes No

If yes, please explain: _____

In case of emergency, please notify:

Name: _____ Relationship: _____

Home #: _____ Work #: _____ Cell #: _____

The staff of St. Vincent de Paul of Baltimore and its programs works to maintain a safe environment within which volunteers may work. As a volunteer, I agree to assume the risk of any accident or injury to person or property that I may sustain in connection with my participation with a St. Vincent de Paul of Baltimore program. In addition, I agree to release and discharge St. Vincent de Paul of Baltimore and any of its directors, officers, employees, volunteers, partners, affiliates, and successors from any and all liability or responsibility for any accident or injury.

I promise that I shall hold in confidence all information and will not violate the confidential relationship between St. Vincent de Paul of Baltimore, its volunteers and its guests. I accept full responsibility for maintaining the confidential and private nature of all information.

Signature: _____ Date: ____/____/____

*If under age 18, please complete and return a Parent Permission Form.

Office Use Only

Program: Beans & Bread Career Connections Head Start SVDP Event Administration
 Sarah's Hope, Mount Street Sarah's Hope, Hannah More Front Door Camp St. Vincent

Date of Service: _____ Total Volunteer Hours: _____