

# SAINT JOHN VIANNEY

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CATHOLIC CHURCH

## Social Service Ministry Volunteer Service Application

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### Contact Information

Name	
Street Address	
City, State, Zip Code	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	
Date of Birth	

### Availability

During which hours are you available for volunteer assignments?

- Weekday mornings  
 Weekdays afternoons  
 Weekend evenings

### Interests

Tell us in which areas you are interested in volunteering

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Bulletin Translator               | <input type="checkbox"/> Food Pantry Shoppers      | <input type="checkbox"/> Meals on Wheels        |
| <input type="checkbox"/> CanCare                           | <input type="checkbox"/> Funeral Aid               | <input type="checkbox"/> Medical Mission Trips  |
| <input type="checkbox"/> Community Garden                  | <input type="checkbox"/> Gabriel Project           | <input type="checkbox"/> Mentoring Program      |
| <input type="checkbox"/> Coupon Clippers                   | <input type="checkbox"/> Gift Giving Sunday        | <input type="checkbox"/> Office Assistance      |
| <input type="checkbox"/> E.S.L. Teacher/Substitute         | <input type="checkbox"/> Habitat for Humanity      | <input type="checkbox"/> Prison Ministry        |
| <input type="checkbox"/> Emergency Assistance Interviewers | <input type="checkbox"/> Home Repair Mission Trips | <input type="checkbox"/> Respect Life           |
| <input type="checkbox"/> Employment Ministry               | <input type="checkbox"/> Information Technology    | <input type="checkbox"/> The Gathering Place    |
| <input type="checkbox"/> Food Pantry                       | <input type="checkbox"/> Joseph's Coat Resale Shop | <input type="checkbox"/> Visitation to the Sick |

### Tell Us About Yourself

Are a registered parishioner at St. John Vianney Catholic Church? Yes or No

Date of Birth:

Are you currently working, in-between jobs, retired, a stay at home mom or dad, looking for employment or other?

Do you speak any languages other than English? Yes or No

If so, which language(s):

### Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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### Previous Volunteer Experience

What kind of previous work or volunteer experience have you had?

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### Person to Notify in Case of Emergency

Name	
Street Address	
City, State, Zip Code	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	

Please submit this application to the Social Services Ministry office or e-mail to [social7@stjohnvianney.org](mailto:social7@stjohnvianney.org).