



**St. Vincent de Paul Bakersfield – Volunteer Application**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Address (House/Apartment Number, City, State, Zip):** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Emergency Contact Name and Phone Number:** \_\_\_\_\_

**Referred by:** \_\_\_\_\_

**Field of Education or Work Experience:** \_\_\_\_\_

**Have you ever been convicted of a felony or misdemeanor? If yes, please explain:**

\_\_\_\_\_  
\_\_\_\_\_

Volunteers are not paid or compensated in any manner for their work, nor are they provided any benefits such as worker's compensation, health insurance, retirement plans, etc. Volunteers shall hold harmless the St. Vincent de Paul Store, Inc., the Board of Directors, employees, and other volunteers from claims, demands, causes of actions and liabilities for bodily injury to volunteer or property damage to volunteer's in connection with work performed by volunteer on behalf of SVDP.

Applicant's Signature: _____	Date: _____
If applicant is a minor, parent's signature: _____	
St. Vincent de Paul Bakersfield Manager's Signature:	
_____	Date: _____