

**Volunteer Information**

**Date:** \_\_\_\_\_

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

**Address:** \_\_\_\_\_

Street / Apt. #

Town

Zip Code

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

**e-mail Address:** \_\_\_\_\_

*Please print clearly*

**Days & Hours Available:** \_\_\_\_\_

**Are you volunteering as part of a Community Service obligation?** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

**If YES, for what organization?** \_\_\_\_\_

**How many hours do you need to complete?** \_\_\_\_\_ **By what date?** \_\_\_\_\_

**Is it necessary for you to limit your physical activity in any way?** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

**If YES, list the limitation(s):** \_\_\_\_\_

**Do you have a valid driver's license?** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

**Emergency Contact Person:** \_\_\_\_\_

**Emergency Contact's Phone(s): Home:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

*I understand that, as a volunteer for Amazin Grace, I will be representing St. Vincent DePaul Place & Amazing Grace. I will be courteous to all the shoppers, donors, volunteers and staff. I am doing this out of a desire to help others and will not receive any compensation for my time, neither money nor food. If I am in need of food, I can sign up and receive food according to Amazing Grace's shopping policy for all who shop here.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_