

Volunteer Application Form

Saint Francis Home  
65 W. Clopton Street  
Richmond, VA 23225  
Phone-(804) 231-1043  
Fax-(804) 231-1065

The information on this form will help us find the most satisfying and appropriate volunteer position for you. Your cooperation in completing this form is most appreciated.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Social Security number: \_\_\_\_\_

Organization/ Company: \_\_\_\_\_

Previous volunteer experience: \_\_\_\_\_

\_\_\_\_\_

Special interests or hobbies: \_\_\_\_\_

\_\_\_\_\_

Do you need Service hours for volunteering? \_\_\_\_\_

If so, how many hours are required? \_\_\_\_\_

Current Employment:

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

Please list any other special skills or qualifications

\_\_\_\_\_

\_\_\_\_\_

How did you hear about Saint Francis Home?

\_\_\_\_\_

