



Volunteer Application (please print)

PO Box 111 Marinette, WI 54143

Date _____

First Name _____ Last Name _____ DOB _____

Street Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Emergency Contact

First Name _____ Last Name _____

Relationship _____ Phone _____

Talents and Skills

- Manual labor
- Writing/Editing
- Computers
- Social media
- Data Entry
- Tinkering/Fixing
- Event Planning
- Phone Calls
- Customer Service

Availability

- Monday Morning
- Monday Afternoon
- Tuesday Morning
- Tuesday Afternoon
- Wednesday Morning
- Wednesday Afternoon
- Thursday Morning
- Thursday Afternoon
- Friday Morning
- Friday Afternoon
- Saturday Morning
- Saturday Afternoon

Photo/Media Release (check all that apply)

_____ I authorize **ST. VINCENT DE PAUL OF MARINETTE (SVDP)** to publish the photographs or videos taken of me and my name for use in **ST. VINCENT DE PAUL OF MARINETTE's** electronic and printed publications, website, and social media outlets.

_____ I authorize **current sponsors or affiliates of SVDP** to re-share this information on their social media pages and internal employee communications.

_____ I authorize SVDP to share my photo and name with the local newspaper to be published.

_____ I hereby release **ST. VINCENT DE PAUL OF MARINETTE** and its contractors, employees, and volunteers from liability for claims by myself or any third party in connection with my participation.

Signature: _____ Date: _____