Volunteer Application (Please Print)

PO Box 1111 Marinette, WI 54143

Date: _____ First Name:_____ Last Name:_____

DOB:_____ Phone:_____ Email:_____

Street Address:_____ City:_____ State:_____ Zip:_____

Emergency Contact Information

First & Last Name:_____ Relationship:_____

Phone:_____

Talents & Skills

___Writing/Editing

___Computers

___Social Media

___Data Entry

___Tinkering/Fixing

___Event Planning

___Phone Calls

___Customer Service

Availability

___ Mornings

___Afternoons

___Monday

___Tuesday

___Wednesday

___Thursday

___Friday

___Saturday

Media Release and Liability Waiver (initial)

___ I authorize St. Vincent de Paul Marinette to use and share my name, photographs, and video recordings in its publications, website, social media, partner communications, and local news media. I release and hold harmless St. Vincent de Paul Marinette, its employees, volunteers, contractors, and partners from any liability arising from my volunteer participation or the authorized use of these materials.

Authorization (sign)

I understand that St. Vincent de Paul Marinette will conduct a brief background check as part of the volunteer application process, and I authorize the organization to complete this screening.

Signature: _____ Date: _____

Revised 07/2026