



# Volunteer Application

**Thank you for your interest in the St. Jude House Volunteer Program!** We do not discriminate based on race, color, creed, national origin, age, gender, sexual orientation or disability. Nor do we discriminate in hiring procedures, transfers, terminations, discipline or selection for training. Our policies are administered based on your qualifications, experience and performance in your volunteer work.

**Please note the following requirements before completing the application:**

\*Volunteers must complete a background check, paid for by the volunteer.  
Payment will be collected when you attend our volunteer orientation.

\*If you volunteer to transport clients, you will need to provide a copy of your driver's license & proof of insurance

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**\*Please print**

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

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Languages Spoken: \_\_\_\_\_

Phone #: \_\_\_\_\_

Do you know Sign Language?  No  Yes

Are you willing to transport clients using your own vehicle?  No  Yes

If yes, do you have a good driving record?  No  Yes

Have you ever been charged with a felony?  No  Yes

If yes, explain: \_\_\_\_\_

Have you been a victim of domestic violence/sexual assault?  No  Yes

If yes, what year did the abuse occur? \_\_\_\_\_

**Please indicate which areas of volunteerism that interest you:**

- General Office Assistance    Fundraising    Sorting Donations    Assist in Children's Dept./Activities  
 Transportation for Clients    Gardening/Lawn Care    Cleaning Shelter    Monthly Appliance Cleaning  
 Painting/Other Shelter Maintenance    Special Events    Teaching a Skill (art/music/cooking, etc.)

**Days & hours you would be available:**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

**Please provide three personal/professional references:**

Name	Phone Number	Relationship

**Do you have any skills or special experience that you feel can contribute to volunteering at St. Jude House?**

**If so, please explain:**

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**Emergency Contact Information:**

**Contact Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**After we receive your application, we will contact you when we have an upcoming volunteer orientation.  
Orientations are currently being held quarterly.**

**Please mail your application to:**

St. Jude House  
Attn: Brielle Hauptli  
12490 Marshall Street  
Crown Point, IN 46307

**Or email to:**

[bhauptli@stjudehouse.org](mailto:bhauptli@stjudehouse.org)