



# St. Rose Outreach and Recovery

## Individual Volunteer Application

**Group Name:** \_\_\_\_\_

**Personal Information**

Name \_\_\_\_\_ Arrival Date at Volunteer Site \_\_\_\_\_

Date of Birth \_\_\_\_\_ Departure Date \_\_\_\_\_

*(if under 18 please fill out Parental Consent form)*

Name and age of minor(s) under your supervision (if any) \_\_\_\_\_

**Contact Information**

Cell Phone \_\_\_\_\_ Address \_\_\_\_\_

Other Phone \_\_\_\_\_ City \_\_\_\_\_

Email \_\_\_\_\_ State, Zip, Country \_\_\_\_\_

Occupation \_\_\_\_\_

**Emergency Contact Information**

Contact Name \_\_\_\_\_ Contact Email \_\_\_\_\_

Contact Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Medical Information**

Do you have any medical condition that might affect your ability to do manual labor?  Yes  No

Give Details \_\_\_\_\_

List any allergies \_\_\_\_\_

Do you have special dietary needs (e.g. vegetarian, vegan, gluten-free) \_\_\_\_\_

**Vehicle Information**

Make/Model \_\_\_\_\_ Plate (State/#) \_\_\_\_\_

Color \_\_\_\_\_ I will be renting a car

**Skills and Specializations**

Please check those skills in which you have SIGNIFICANT relevant experience:

- |                                    |                                        |                                            |                                        |
|------------------------------------|----------------------------------------|--------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> HVAC          | <input type="checkbox"/> Disaster Response | <input type="checkbox"/> Fund Raising  |
| <input type="checkbox"/> Framing   | <input type="checkbox"/> Doctor        | <input type="checkbox"/> /Reconstruction   | <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> Drywall   | <input type="checkbox"/> Nurse         | <input type="checkbox"/> Volunteer         | <input type="checkbox"/> IT            |
| <input type="checkbox"/> Roofing   | <input type="checkbox"/> EMT           | <input type="checkbox"/> Coordination      | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Electric  | <input type="checkbox"/> First aid/CPR | <input type="checkbox"/> Legal             |                                        |
| <input type="checkbox"/> Plumbing  |                                        | <input type="checkbox"/> Administration    |                                        |

Other significant skills or specializations \_\_\_\_\_

List any professional license(s) \_\_\_\_\_

Other related experience/Comments \_\_\_\_\_

**Additional Information**

Have you volunteered with St. Rose in the past?  No  Yes; Give Dates \_\_\_\_\_

Is there anything else you would like to tell us? \_\_\_\_\_

**Copy of Driver's License or Personal ID**