



DEAR NEIGHBOR MINISTRIES
Volunteer Application

Thank you for your interest in volunteering! Please complete and return to us!

I am interested in volunteering:

- Summer Only
School Year Only
Summer and School Year
Other:

Please print:

Name Date of Birth Age Male Female

Address (street) (city) (zip)

Home Phone Your Cell Phone

Your E-Mail Address

Parent/Guardian (father) Work Phone home Phone

Parent/Guardian (mother) Work Phone Home Phone

Current High School Year Graduating School

In Case of Emergency, Please notify:

Name: Relationship:

Telephone: Work Phone:

Indicate the reason you are seeking a volunteer position. (check all that apply)

- Family/friends volunteer
Requirement for class
Requirement for National Honors Society or other group/club
Need service hours to graduate How many? By when?

How did you learn about Dear Neighbor/Step Stone/ Congregation of Sisters of St Josephs?

- Friend/Classmate (who)
CSJ Employee (who)
Church (which one)
Recruitment Fair
United Way
Other

List any previous work experience:

List any previous volunteer experience: \_\_\_\_\_

What skills and interests do you want to share? \_\_\_\_\_

**Indicate what day or days you prefer to volunteer:**

Monday  Tuesday  Wednesday  Thursday  Friday  Weekends

List preferred hours to work: \_\_\_\_\_

The following must be submitted in order for this application to be processed:

Two references **should be a counselor, clergy member or teacher you have known for at least a year:**

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Please read the following carefully and sign below:**

I affirm that the information that is provided on this application is true and complete. I understand that before I begin my volunteer service, I will complete the application requirements, submit to a reference check, attend orientation, and any subsequent training sessions. I understand that this application does not guarantee a volunteer placement with Dear Neighbor/ Step Stone and that if accepted I will not receive payment for my service.

I understand Dear Neighbor /Step Stone has a need for my services, and I will conduct myself with dignity, courtesy and consideration. I will be punctual and conscientious of the duties I complete.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I am over age 21, I have completed VIRTUS training: yes\_\_\_ no\_\_\_ SS# \_\_\_\_\_  
(background ck only)

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent/Guardian:**

I hereby authorize Dear Neighbor Ministries to medically treat or manage any injury sustained, if after reasonable effort, I cannot be reached. This release is in effect for the period of time the applicant serves as a volunteer. Finally, I consent for my child to serve as a volunteer at Dear Neighbor/Step Stone and consider her/him capable of undertaking the responsibilities of a volunteer.

I certify that he/she is at least 14 years of age (or is 13 ½ and has completed the 8th grade).

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Office Use Only:**

Date Application Received \_\_\_\_/\_\_\_\_/\_\_\_\_  Background check confirmed \_\_\_\_\_

Date 1st Reference Received \_\_\_\_/\_\_\_\_/\_\_\_\_

Date 2nd Reference Received \_\_\_\_/\_\_\_\_/\_\_\_\_

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