



Orientation Date:	
Raiser's Edge:	

An Equal Employment Opportunity / Affirmative Action Employer

STUDENT VOLUNTEER APPLICATION

Prospective volunteers will receive consideration without discrimination due to race, color, religion, creed, gender, sexual orientation, national origin, age, disability, marital, military or veteran status or any other legal protected status. Please complete all the sections below and return to: St. Vincent de Paul Administrative Offices, 124 W. Apple St. Dayton, OH 45402, or email to volunteerinfo@stvincentdayton.org. Please send to the attention of the Manager of Volunteers.

STUDENT INFORMATION (Please Print)

Name:	Last	First	Middle Initial	Date of Application:
Address:				E-mail:
City:			State:	Primary Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell
Zip Code:				Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Date of Birth: month day year				School: Grade:
Parent Name:	Primary Phone:			
	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work/Business			
Name of Volunteer Partner:	**Volunteers must be at least 14 years old and volunteer onsite with a parent or another approved student volunteer**			

GENERAL INFORMATION

How did you hear about St. Vincent de Paul?
If you currently volunteer with or have previously volunteered with a group at St. Vincent de Paul, please indicate which group:
Why would you like to volunteer for St. Vincent de Paul?
Have you ever worked with low-income, mentally ill, drug-addicted or formerly incarcerated individuals? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you need to complete volunteer hours for school? If yes, explain and include total amount of required hours:

VOLUNTEER EXPERIENCE

Name of Organization:	Volunteer Position Held:
Name of Organization:	Volunteer Position Held:

CODE OF ETHICS

I have read the Code of Ethics for Volunteers of the Society of St. Vincent DePaul and will keep a copy of it for my records. I fully understand its content and agree to abide by it.

Signature: _____ Date: _____

EMERGENCY CONTACT (SOMEONE OTHER THAN PARENT)

Emergency Contact Name:	
Phone Number:	
Relationship:	

PARENT PERMISSION

I give my permission for _____ to volunteer for the Society of St. Vincent de Paul. I have also read and reviewed the code of ethics with him/her.

I give my permission for my child to be photographed in relation to his/her volunteer position.

Agree Decline

Parent/Guardian Signature: _____ Date: _____

AVAILABILITY:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
5:30AM-8AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8AM-10AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10AM-11AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11AM-12PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12PM-1PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1PM-2PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2PM-3PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3PM-4PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4PM-5PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5PM-6PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6PM-7PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7PM-9PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: (specify)							

How often would you like to volunteer? Once Weekly Bi-Weekly Monthly Quarterly As Needed



CODE OF ETHICS FOR VOLUNTEERS

Society of St. Vincent de Paul

District Council of Dayton

124 W. Apple St
Dayton, OH 45402
937-222-7349

1. I will be conscious of the fact that everything I do, directly or indirectly, has the potential to reflect upon St. Vincent de Paul as a whole.

I will hold myself to the highest possible standard of conduct reflective of the work that I do, always striving to avoid even the appearance of impropriety.

2. I will recognize the worth, dignity and uniqueness of all persons, and will at all times treat clients, customers, staff, and fellow volunteers with respect, regardless of race, color, sex, sexual orientation, age, religion, national origin, marital status, political belief, mental or physical disability, military status, status as a veteran or any types of discrimination based on personal characteristics, conditions or status.
3. I will at all times clearly distinguish between statements made by me as a private individual and statements representing St. Vincent de Paul and/or statements that could be mistakenly interpreted as representing St. Vincent de Paul.
4. I will at all times conduct myself in a professional manner while in public places and particularly at times when customers, clients, staff, and/or supporters of St. Vincent de Paul are present.
5. I will at no time aid or abet a client and/or anyone else in any form of illegal activity, or participate in any illegal activity that would directly or indirectly reflect adversely on the agency's integrity, or expose the organization to any negative publicity.

I will never knowingly contribute to enabling a client's irresponsible behavior, or put my own safety or the safety of others at risk.

6. I will at all times avoid relationships or commitments that conflict or may conflict with the interests of St. Vincent de Paul.
7. I will avoid any romantic attachments and/or sexual relationships with clients, customers, and/or residents, whether they are temporary or long-term participants in an agency program or activity.
8. I will at no time transport a client or resident for any reason.
9. I understand that, as a St. Vincent de Paul volunteer, I am not permitted to invite clients or residents into my home for any reason, nor am I permitted to spend the night in a client or resident's quarters.
10. I will actively work to expand choices and opportunities for all people with special regard for disadvantaged or oppressed groups of people.
11. I will avoid exploitation of professional relationships for personal gain.

I will at no time accept monetary gifts from customers, clients, or residents without prior approval of the program manager.

12. I will not purchase from or sell any merchandise or services to clients, customers, or residents, nor will I engage in their hire for personal projects.
 13. I will at no time engage in activities designed to proselytize or convert a customer, client, or resident to a particular religion, belief or church.
 14. I will actively work to prevent practices that are inhumane or discriminatory against any person or group of persons.
 15. I will respect the privacy of customers, clients, and residents and hold in confidence all information obtained in the course of providing professional services, to include:
 - a. I will not take photos or video recordings of clients, residents, staff or other volunteers at any time, without written permission from the Administrative Offices of St. Vincent de Paul.
 - b. I will not disclose confidential information regarding any facet of the program of its participants without prior approval from senior management;
 - c. I will not acknowledge to anyone outside the agency that an individual is a participant, client, customer, resident or recipient of any agency program or services;
 - d. I will not discuss or reveal confidential information regarding fellow volunteers or St. Vincent de Paul employees; and
 - e. I will make no statements to the media.
 16. I will at no time use profanity, vulgarity, obscenities, or discriminatory slurs against or involving customers, clients, residents, staff, or fellow volunteers.
 17. I will not be under the influence of drugs and/or alcohol while volunteering or while acting as a representative, actual or perceived, of the agency.
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PLEASE KEEP THIS COPY FOR YOUR RECORDS