



**Seton Center** Inc.  
Hope in the Valley

**Yes! I am interested in volunteering at Seton Center, Inc.  
Application for Volunteer Service**

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**I. Contact Information**

Title:  Dr.  Mr.  Mrs.  Ms.

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Individual or Group Name

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Contact Name (Groups Only)

Contact Phone (Groups Only)

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Other Name(s) Used (Individuals Only)

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Address

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City

State

Zip

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Primary Phone

Home  Work  Mobile  Other

*May we contact you at work?*

Yes  No

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Alternate Phone

Home  Work  Mobile  Other

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Email Address

Date of Birth *(Volunteers must be at least 18 years of age.)*

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**II. Volunteer Service of Interest** *(Please circle all areas that apply.)*

**Outreach Center**

**Seton Family Store**

Office Administration/Reception  
Mentoring/Financial Coaching (GA, SA, MyBudgetCoach)  
Programs (Helping Hands, Resource Workshops)  
Board of Directors/Committee Member  
Fundraising  
 Other: \_\_\_\_\_

Cashier  
Sorting/Pricing  
Merchandising  
Special Events  
Marketing  
 Other: \_\_\_\_\_

Please complete sections III - VIII only if applying as individual volunteer.

### III. Volunteer/Work Experience

Please list previous or current volunteer/work experience with nonprofit organizations.

(Attach additional sheet if necessary.)

Organization	Duties	Dates	Contact Name	Contact Phone

### IV. Education

Please list education, training and/or certification that is relevant to the volunteer position for which you are applying.

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### V. References (Please list three references over age 18; one for each type, Personal, Family AND Professional/Civic.)

Type	Name	Address (City, State, Zip)	Daytime Phone	How long have you known this person?	What is your relationship with this person?
Personal					
Family Member					
Professional/Civic					

### VI. Other

Do you have any physical condition(s) that would prevent or limit your ability to perform specific tasks or duties?     Yes    No

If yes, please explain:

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Please indicate the day and time you are available to volunteer.

Mon: \_\_\_\_\_       Tue: \_\_\_\_\_       Wed: \_\_\_\_\_  
 Thu: \_\_\_\_\_       Fri: \_\_\_\_\_       Sat: \_\_\_\_\_

Please indicate how you heard about Seton Center: \_\_\_\_\_

### VII. Emergency Contact

*In case of emergency, please designate a contact below:*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

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## VIII. Acknowledgements

**Seton Center appreciates your willingness to share your faith, gifts and skills. Providing safe and secure programs is of utmost importance. The information gathered in this Application is designed to help us provide the highest quality programs for the people of our community.**

*Please carefully read Acknowledgements below.*

I received a copy of the Seton Center Code of Conduct.

I understand and agree that false statements and/or omissions regarding past conduct and/or present situations are cause for rejection of my Application or dismissal from volunteer service at Seton Center.

I hereby authorize Seton Center to conduct a personal and professional background check for the purpose of my Application for volunteer service.

I hereby release Seton Center, Inc. and its agents from any and all liability in connection with providing information, investigating or evaluating my Application for volunteer service.

I waive any right that I may have to inspect any information provided about me in connection with this Application for volunteer service.

I understand the above-stated information within this release and am signing below of my own free will.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date (MM-DD-YY)

*Seton Center, Inc. is a nonprofit 501(c)(3) charitable organization.*

Application Received	Application Reviewed	Information Submitted For Background Check	Approved Yes: ____ No: ____
<i>Date:</i>	<i>Date:</i>	<i>Date:</i>	<i>Date:</i>
<i>Initials:</i>	<i>Initials:</i>	<i>Initials:</i>	<i>Initials:</i>

NOTES (Administration Only):