

CONFIDENTIAL



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St. Vincent de Paul Society  
At the Heart of Giving

Society of St. Vincent de Paul - Council of Milwaukee  
MEMBERSHIP QUESTIONNAIRE  
(Please print)

MEMBERSHIP IDENTIFICATION

\_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Preferred Nickname \_\_\_\_\_

Mr.  Mrs.  Ms.  Miss  Dr.  Fr.  Br.  Sr.  Deacon

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Date You Joined SVDP: \_\_\_\_\_ Name of SVDP Conference: \_\_\_\_\_

Have you been a member of another conference?  Yes  No

If Yes, what conference? \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

EMPLOYMENT INFORMATION

I am:  Employed  Self Employed  Retired (from Profession)

Employer's Name (or school): \_\_\_\_\_

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

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

City, State, Zip: \_\_\_\_\_

My employer offers time-off for volunteers  My employer offers a donation matching program

MEMBERSHIP PROFILE

I am joining as a:  Full Member  Associate Member  Contributing Member  Unsure

Date of Birth: \_\_\_\_\_

Ethnicity:  Native American  Asian  African American  Hispanic  Caucasian  other \_\_\_\_\_

If you are interested in helping in other St. Vincent de Paul projects please check off special areas of interest:

**Meal Programs**

- Kitchen Helper
- Food Server
- Greeter
- Beverage Server
- Books/Records help

**Thrift Stores**

- Sorting Donations
- General Helper
- Reception Work
- Fill Gift Certificates

**Central Office**

- Phone Assistance
- General Office Help

Days and Times of Availability for special projects:

Morning       Afternoon       Evenings

Sunday     Monday     Tuesday     Wednesday     Thursday     Friday     Saturday

List any special area of interest you would like to explore beyond your conference works:

Comments:

I am proficient in the following languages:

Oral

Written

- |             |                          |                          |
|-------------|--------------------------|--------------------------|
| English     | <input type="checkbox"/> | <input type="checkbox"/> |
| Spanish     | <input type="checkbox"/> | <input type="checkbox"/> |
| Hmong       | <input type="checkbox"/> | <input type="checkbox"/> |
| Other _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicants

*\*Please note: Certain programs require a background check. By signing this form, you agree to allow SVDP to obtain such information and will provide other information, such as a social security number, upon request.*