



Society of St. Vincent de Paul – Council of Milwaukee
PO Box 26537 Milwaukee, WI 53226
(414) 462-7837 www.svdpmilw.org
council@svdpmilw.org

VOLUNTEER INFORMATION FORM

Please PRINT!

Thank you for your interest!

Please PRINT!

General Information:

Last Name

First Name

Address, City, State, Zip Code

Home Phone

Work Phone

Cell Phone

Email Address

Date of Birth

Ethnicity: African American Asian Caucasian Hispanic
 Native American Other: _____

Employment/School/Education Information:

I am: Employed Student Retired Other

Employer/School

Occupation/Major

My Employer offers time off for volunteers

YES NO

My Employer offers a donation matching program

YES NO

Please list other skills/talents you feel would be useful to St. Vincent de Paul: _____

Available to Volunteer: Monday Tuesday Wednesday Thursday

Friday Saturday Sunday

Mornings

Afternoons

Evenings

Areas of Interest: (Please check/circle all that apply)

A. Store

4476 S. 108 St, (414) 377-9077 Monday-Saturday 9am-9pm, Sunday 11am-6pm

2320 W. Lincoln Ave, (414) 672-2040 Monday-Friday 9am-7pm, Saturday 9am-6pm

Heavy Lifter

Handyman

Furniture Repair

Clothing Drive Host

General Help

Appliance testing

B. Meal Sites (414) 649-9555

Crossroads Kitchen-South 931 W. Madison St. Sunday-Friday 3:00pm-7:00pm

Harambee Kitchen-North 2600 N. 2nd St. Monday-Friday 3:00-7:00 pm

Applicant Signature: _____

Date: _____

**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 necessary to perform the background check upon request.*