

ST. MARY ADVOCATES, INC.

536 GARDEN STREET
HOBOKEN, NEW JERSEY 07030
201-795-2174

WEBSITE: WWW.STMARYADVOCATES.ORG EMAIL: HOBOKENTHRIFTSTORE@GMAIL.COM

APPLICATION FOR VOLUNTEER SERVICES

CONTACT DETAILS

Applicant Name: _____

Home Address: _____

Preferred Contact: Email: _____ Phone: _____ Cell: _____

Date of Birth: _____ Current/Past Employment: _____

Special Skills: _____ Hobbies & Interests: _____

Volunteer Experience: _____

Reason for Volunteering: _____

Physical Limitations (if any): _____



How did you learn about us? _____

AVAILABILITY

Circle Days Available: MON/ TUE/ WED/ THURS/ FRI/ SAT/ SUN

Hours Available: _____

| Store Hours/Donation Hours | |
|----------------------------|----------------|
| Sunday- Monday- Tuesday | CLOSED |
| Wednesday | 10AM-2PM |
| Thursday | 12NOON-4:30PM |
| Friday | 2PM-6PM |
| Saturday | 12:30PM-4:30PM |



REFERENCES (IF PREVIOUS VOLUNTEER EXPERIENCE-GIVE NAME OF CONTACT)

| Name | Address | Phone |
|------|---------|-------|
| | | |
| | | |

EMERGENCY CONTACT

| Name | Address | Phone | Relationship |
|------|---------|-------|--------------|
| | | | |

I hereby authorize my reference to release information pertinent to my volunteering. I certify that the information contained in this application is correct and complete to the best of my knowledge. I recognize that misrepresentation of facts called for on this application may cause rejection of the application or termination of volunteering.

Signature: _____ Date: _____

| | | |
|-----------------|-----------------|---------------|
| Interview Date: | Date Available: | Date Started: |
|-----------------|-----------------|---------------|