



VOLUNTEER APPLICATION

DATE: ____/____/____
 AGE: [] under 18 [] 18 & over

NAME: _____

ADDRESS: _____

CITY: _____ STATE: ____ ZIP CODE: _____

(Is this address -check one: [] temporary or [] permanent??)

HOME PHONE: () _____ WORK PHONE: () _____

SCHOOL CURRENTLY ATTENDING: _____

EDUCATION: HIGH SCHOOL: _____ DEGREE: YES / NO

COLLEGE: _____ DEGREE: YES / NO

OTHER: _____ DEGREE: YES / NO

CHURCH: _____

EMPLOYER: _____

CURRENT WORK SCHEDULE: _____

HOW DID YOU HEAR ABOUT OUR LADY'S INN? _____

AREAS OF INTEREST: (CHECK AS MANY AS APPLY)

- [] OFFICE/CLERICAL WORK [] CHILD CARE
- [] PROPERTY UPKEEP/CLEANING [] TUTORING/LITERACY
- [] DRIVING/ERRANDS [] APARTMENT/JOB SEARCH
- [] ANSWERING PHONES [] OTHER: _____
- [] TEACHING: ____ COMPUTERS, ____ SINGING, ____ SEWING, ____ EXERCISING,
 ____ OTHER (SPECIFY:) _____

DAYS & TIMES AVAILABLE TO VOLUNTEER:

<u>DAY</u>	<u>HOURS AVAILABLE</u>	<u>DAY</u>	<u>HOURS AVAILABLE</u>
<u>MON</u>		<u>FRI</u>	
<u>TUES</u>		<u>SAT</u>	
<u>WED</u>		<u>SUN</u>	
<u>THUS</u>			

Are your immunizations up to date? YES _____ NO _____

Character Reference: Name: _____ Phone # [] _____

Address: _____ City: _____ State: _____ Zip Code: _____

MISSION:

We are seeking compassionate, caring volunteers who share our commitment to serving pregnant women and their children in their time of need. Please read the Our Lady's Inn Mission Statement and indicate below if you are not comfortable with any of these statements.

Completing this application does not put you under any obligation to volunteer.

MISSION STATEMENT

We believe every unborn child has a right to life and every pregnant woman has the right to give birth with dignity.

We are dedicated to providing safe shelter, food, clothing, education, counseling and vocational guidance to address the physical, mental and spiritual, needs of women in crisis pregnancies, as an alternative to abortion.

We are committed to providing a more stabilized living situation based on spiritual values, giving help and hope for a better future, changing one life, one woman, one family at a time.

Comments: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

If under the age of 18, please state your age: ____ & date of birth: ____/____/____
(Under 18 only: For supervision purposes, will an adult be able to stay with you during your volunteer time at Our Lady's Inn? YES _____ NO _____)

PARENTAL CONSENT SUPPLEMENT
IF UNDER 18, PLEASE HAVE YOUR PARENT SIGN BELOW:

I, _____, hereby consent for my child:
_____, to serve as a volunteer at Our Lady's Inn.

Signed: _____ Date: _____

RETURN THIS APPLICATION TO: OUR LADY'S INN, DEVELOPMENT OFFICE, 4223 S. COMPTON, ST. LOUIS, MISSOURI 63111 (314) 351-4590 FAX: (314) 351-2119
WWW.OURLADYSINN.ORG
E-mail: celler@ourladysinn.org