

SVDP COMMUNITY PHARMACY – VOLUNTEER APPLICATION

Name: _____ Today's date: _____

Address: _____

Email: _____

Phone numbers: Home: _____ Cell: _____ Work: _____

Have you ever volunteered at The Pharmacy before? _____ When? _____

Have you ever used another name? _____ If so, which? _____

Do you have any relatives volunteering at The Pharmacy? _____ Who? _____

Day(s) of the week you are available? _____

How did you find out about this opportunity? _____

Education: Highest level completed: _____ Where? _____

Training/skills: Describe any special training received or skills acquired.

Do you speak a foreign language? _____ Which one(s)? _____

Employment History: List on the reverse side all present and past employment beginning with your most recent. Account for the last 10 years including periods of unemployment. If you are retired from employment, please indicate your general activities such as specific other volunteer work, hobbies, etc. in the spaces provided.

(Dates)					
From/To	Employer/Address/Phone	Position	Supervisor	Reason for leaving	

References: Please list at least two (2) who are familiar with your ability and background. Please also give their phone number(s).

I give permission to St. Vincent de Paul Community Pharmacy to contact my references about my record and character. _____ yes _____ no

Have you ever been convicted of a felony? _____ If yes, please explain.

Would you agree to do a post-placement credit/criminal check? _____

Date: _____

Applicant's Signature

Printed Name