



# Volunteer Registration

Society of St. Vincent de Paul  
St. Matthew Conference  
475 SE 3<sup>rd</sup> Ave. (mailing), 442 SE 3<sup>rd</sup> Ave. (actual)  
Hillsboro, OR 97123

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Language Proficiency (besides English): \_\_\_\_\_

Volunteering Interests:

Food Program \_\_\_\_\_

Furniture Program \_\_\_\_\_

Rent and Utilities \_\_\_\_\_

Days available to volunteer: \_\_\_\_\_

Catholic? yes    no

Ethnicity	Age Range
Asian	18 and under
Latino	19 through 29
Black	30 through 39
White	40 through 55
Nat. Am,	56 through 70
Pac. Island	71 and over
Other	

## EMERGENCY CONTACT INFORMATION

Name of first contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of second contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## CONFIDENTIALITY AGREEMENT

Confidentiality is the protection of privileged information about those we serve which we may become aware of while volunteering. Any and all information is protected by Oregon Revised Statutes and is to be held in the strictest confidence. Disclosing such information not only could make both you and St. Vincent de Paul legally liable but violates our commitment to treat both those we serve, and each other, with Christian love and caring. By signing below, you pledge to abide by this agreement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I am interested in learning more about SVdP and becoming a member: Yes \_\_\_\_\_ No \_\_\_\_\_

I am a Vincentian: Yes \_\_\_\_\_ No \_\_\_\_\_

Date Trained: \_\_\_\_\_

Trained By: \_\_\_\_\_

Background check submitted: \_\_\_\_\_

Background check cleared:

Yes \_\_\_\_\_ No: \_\_\_\_\_