



Volunteer Registration

Society of St. Vincent de Paul
St. Matthew Conference
475 SE 3rd Ave. (mailing), 442 SE 3rd 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: _____

Ethnicity	Age Range
Asian	Under 19
Latinx	19 to Under 40
Black	40 and Over
White	
Nat. Am,	
Pac. Island	
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: _____