

CONFIDENTIAL



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St. Vincent de Paul Society
At the Heart of Giving

Society of St. Vincent de Paul - Council of Milwaukee
MEMBERSHIP QUESTIONNAIRE
(Please print)

MEMBERSHIP IDENTIFICATION

Last Name _____ First Name _____ Preferred Nickname _____

Mr. Mrs. Ms. Miss Dr. Fr. Br. Sr. Deacon

Street Address _____ Apt. # _____

City: _____ State: _____ Zip: _____ - _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

E-Mail: _____

Date You Joined SVDP: _____ Name of SVDP Conference: _____

Have you been a member of another conference? Yes No

If Yes, what conference? _____ City _____ State _____

EMPLOYMENT INFORMATION

I am: Employed Self Employed Retired (from Profession)

Employer's Name (or school): _____

Occupation: _____

Address: _____

City, State, Zip: _____

My employer offers time-off for volunteers My employer offers a donation matching program

MEMBERSHIP PROFILE

I am joining as a: Full Member Associate Member Contributing Member Unsure

Date of Birth: _____

Ethnicity: Native American Asian African American Hispanic Caucasian other _____

If you are interested in helping in other St. Vincent de Paul projects please check off special areas of interest:

Meal Programs

- Kitchen Helper
- Food Server
- Greeter
- Beverage Server
- Books/Records help

Thrift Stores

- Sorting Donations
- General Helper
- Reception Work
- Fill Gift Certificates

Central Office

- Phone Assistance
- General Office Help

Days and Times of Availability for special projects:

Morning

Afternoon

Evenings

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

List any special area of interest you would like to explore beyond your conference works:

Comments:

I am proficient in the following languages:

Oral

Written

English

Spanish

Hmong

Other _____

Applicant's Signature: _____ Date: _____

Applicants

**Please note: Certain programs require a background check. By signing this form, you agree to allow SVDP to obtain such information and will provide other information, such as a social security number, upon request.*