



Society of St. Vincent de Paul – Council of Milwaukee
9601 W. Silver Spring Dr. Milwaukee 53225-3301
(414)-462-7837 fax (414) 462-5458 www.svdpmilw.org
Volunteer Coordinator: Beth Hohenfeldt
bhohenfeldt@svdpmilw.org

VOLUNTEER INFORMATION FORM

Please PRINT!

Thank you for your interest!

Please PRINT!

General Information:

Last Name

First Name

Address, City, State, Zip Code

Home Phone

Work Phone

Cell Phone

Email Address

Date of Birth

Ethnicity: African American Asian Caucasian Hispanic

Native American

Other: _____

Employment/School/Education Information:

I am: Employed Student Retired Other

Employer/School

Occupation/Major

My Employer offers time off for volunteers

YES NO

My Employer offers a donation matching program

YES NO

Education Completed:

Grade School

High School

Undergraduate Degree

School: _____ Major: _____

Graduate Degree

School: _____ Major: _____

If Court Ordered Community Service:

Date Ordered: _____ Required Hours: _____ To be Completed by: _____

Offense: _____

Have you been convicted of or pleaded no contest to a felony within the last five years?

Yes _____ No _____

If yes, please explain:

