

**St. Mary's Home for Disabled Children**

6171 Kempsville Circle  
Norfolk, Virginia 23502

**Volunteer Application**  
**Please fill out completely!**

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**Ms/Mr** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Are you currently employed?** \_\_\_\_\_

**Where?** \_\_\_\_\_

**Work Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Work Telephone:** \_\_\_\_\_

**How did you hear about St. Mary's?** \_\_\_\_\_

**Days/Hours able to volunteer:** \_\_\_\_\_

**Previous volunteer experience:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Have you ever worked with children who have disabilities? If yes, explain:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Volunteer Application**

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**Have you ever had a major illness or injury? If yes, explain:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What volunteer opportunities are you looking for at St. Mary's ?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**In case of an emergency, please notify:**  
**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_

**References:**  
**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_  
**I,** \_\_\_\_\_  
**give permission to St. Mary's to contact you as a reference. Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_  
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**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_  
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