



**LITTLE SISTERS OF THE POOR  
ST. AUGUSTINE HOME FOR THE AGED  
2345 W. 86<sup>TH</sup> STREET  
INDIANAPOLIS, IN 46260  
317-415-5767**

**Dear Prospective Volunteer:**

**Thank you for expressing interest in volunteering at the St. Augustine Home. Your generous gift of time will be greatly appreciated.**

**Adults age 20 and above are welcome to apply. Receipt of this application does not imply that a volunteer position will be available or offered.**

**The Adult Volunteer Service Application process will take more than 2 weeks to complete.**

**Requirements include:**

- **Completion of the Adult Volunteer Application Form. All questions must be answered accurately and writing must be legible.**
- **The Volunteer Coordinator will review your application and, as appropriate, will call to schedule an interview, date and time to discuss volunteer opportunities.**
- **Interviews will take approximately one hour and will include a tour of the St. Augustine Home. A required Tuberculosis test will be given to you by our Medical Department staff and will need to be checked by them within 48-72 hours. Required authorizations will need to be completed for referencing and verifying your information.**
- **After outside referencing and verification of your information has been completed, your information will be reviewed with the Sisters to determine if a volunteer opportunity is available to offer.**
- **The Volunteer Coordinator will call you to confirm final results and if an assignment is available a start date and time will be determined with you.**

**We look forward to meeting you and discussing volunteer opportunities available at the St. Augustine Home.**

**Volunteer Coordinator**



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**ADULT VOLUNTEER SERVICE APPLICATION**

**APPLICANT INFORMATION** (Please print or write legibly)

Date: \_\_\_\_\_ Over 19 Years of Age? Yes \_\_\_ No \_\_\_ \_\_\_\_\_  
Last 4 digits of SS#

Legal Name: \_\_\_\_\_  
Last First Middle

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name of Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**CURRENT OR MOST RECENT EMPLOYMENT**

Occupation: \_\_\_\_\_

Current or Last Previous Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Employment Dates From: \_\_\_\_\_ To: \_\_\_\_\_

Unemployed: Yes \_\_\_ No \_\_\_ Retired: Yes \_\_\_ No \_\_\_

**VOLUNTEER SERVICE EXPERIENCE**

What is your experience in volunteer services? \_\_\_\_\_

Name of Organization: \_\_\_\_\_ Service Dates: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Contact Name \_\_\_\_\_ Phone: \_\_\_\_\_

**VOLUNTEERING**

Please select the days you wish to volunteer:

Monday \_\_ Tuesday \_\_ Wednesday \_\_ Thursday \_\_ Friday \_\_ Saturday \_\_ Sunday \_\_

Hours you are available: \_\_\_\_\_

Frequency: Weekly \_\_\_\_ Bi-weekly \_\_\_\_ Other \_\_\_\_

**VOLUNTEER INTEREST**

Please check below which volunteer service area(s) you prefer:

\_\_ Sewing \_\_ Meal Service \_\_ Kitchen

\_\_ Direct Services with Residents \_\_ Medical Transportation

\_\_ Gardening Other (please explain) \_\_\_\_\_

Please state any health problems or physical restrictions that we should respect when making your volunteer assignment.

\_\_\_\_\_  
\_\_\_\_\_

Is this community service being performed because of a court order?  
(Notification is required on this Application for Court Verification of Hours)

Yes \_\_ No \_\_

**CRIMINAL BACKGROUND HISTORY**

Have you ever been convicted or pleaded guilty or no contest to a felony, misdemeanor, or any charge other than a traffic violation? Yes \_\_ No \_\_

If yes, please explain with dates and convictions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are any criminal charges now pending against you? Yes \_\_ No \_\_

If yes, please explain with dates and names of charges. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(A conviction will not necessarily disqualify you from consideration. However, failure to fully disclose information on this application will result in immediate denial or termination of volunteering.)

\_\_\_\_\_

Please continue on the next page.

**PLEASE READ CAREFULLY AND SIGN**

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I certify that all information given by me on this volunteer application and any accompanying documents are complete and correct. I understand that any omissions, falsified information, or misstatement at any time before, during, or after I begin my volunteer position with the Little Sisters of the Poor at their St. Augustine Home for the Aged may lead to my termination.

I hereby authorize the Little Sisters of the Poor to verify, obtain copies of records, and gather any information pertaining to my submitting a volunteer application with the Little Sisters of the Poor. My signature on this application authorizes the Little Sisters of the Poor to request written verification of all information needed. I agree to release the Little Sisters of the Poor from any liability for collecting information pertaining to my submitting a volunteer application.

The receipt of this application does not imply that I will be offered a position as a volunteer. If accepted as a volunteer, I agree to comply with established rules, policies, and procedures at the Little Sisters of the Poor's St. Augustine Home for the Aged.

I understand my volunteer position with the Little Sisters of the Poor means volunteering at the Little Sisters of the Poor's discretion; my volunteer position may be terminated at any time with or without cause, and with or without notice at the option of the Little Sisters of the Poor or myself. I release those who provide information to the Little Sisters of the Poor from any and all liability for doing so. I also understand that any information acquired may be disclosed to supervisory personnel within the Little Sisters of the Poor who in their sole judgment may have a legitimate need for such information.

Applicant's Printed Signature Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Written Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR LITTLE SISTERS OF THE POOR OFFICE USE ONLY**

Applicant interviewed by: \_\_\_\_\_

PPD Given Date: \_\_\_\_\_ Checked and Result: \_\_\_\_\_

Volunteer Start Date, Time, and Area of Service: \_\_\_\_\_