

# The Society of St. Vincent de Paul

## Laconia Conference Volunteer Information

Name \_\_\_\_\_ Home Telephone # \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_ Birthday \_\_\_\_\_

Mailing Address \_\_\_\_\_ Work Telephone # \_\_\_\_\_

Town \_\_\_\_\_ Zip \_\_\_\_\_ Occupation \_\_\_\_\_

Email address \_\_\_\_\_

Days & Times Available \_\_\_\_\_

List any medical limitations that could interfere with volunteer duties \_\_\_\_\_  
\_\_\_\_\_

Special talents/abilities/skills/interests \_\_\_\_\_

Type of volunteer preferred (Thrift Store, Pantry, Financial Assistance) \_\_\_\_\_

In case of emergency, contact \_\_\_\_\_ Phone number(s) \_\_\_\_\_  
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### PLEASE READ CAREFULLY

We sincerely appreciate your interest in volunteer work for the St. Vincent de Paul Society. We exist as a non-profit entity for the purpose of promoting charitable works in the Lakes Region. We are a Roman Catholic organization, but provide our service to anyone and hire volunteers from all religions as well. We are not affiliated any particular church in the Region, but are very proud of our organization's history.

To serve as a volunteer, you must not be receiving any assistance from SVDP, either the food pantry or financial aid, in any way. Your tenure as a volunteer will continue until your resignation or until your termination by the organization. (The purpose of this statement is to comply with the provisions of RSA 508:17, the volunteer immunity law.)

After serving satisfactorily for a period of 6 months, you will become eligible for a 50% discount on all Thrift Store merchandise. The merchandise must be priced by a supervisor for a volunteer to purchase it.

As a volunteer, you are not considered an "employee" of SVDP and, therefore are not eligible for Workman's Compensation under State of New Hampshire law in the event of an injury. While our Conference maintains liability insurance for its members and volunteers, any automobile coverage would be secondary to your own personal insurance in the event of an accident while performing SVDP duties.

Please sign below acknowledging your understanding of all of the above. Thank you.

Signed \_\_\_\_\_ Date \_\_\_\_\_