

## **VOLUNTEER APPLICATION**

Name:				
Address:		City	State	Zip
Phone (Home):	(Busi	ness/ Cell)	D	OB:
Email:		Number of children: _	Ages of childre	en
Marital Status:	Spouse's name:		Spouse Occupati	on:
Are you Prolife: <b>Yes or No</b>	Pro-Life Activities:			
Are you Catholic: Yes or No	Religion:	Church Parish:		
Day or Days available:	Times available:			
To what other clubs/organizati	ons do you belong?			
How did you hear about the De	esOrmeaux Foundation?	? P	resent Occupation:	
Work Experience or Special SI	cills:			
Type of work desired:		Where w	ould you like to volun	teer? (Please Circle
				icor. (Frouse Chere
The Women Center of Cour Lady Guadalup	•	Baby & Me Boutique Mimi's Attic		
St. Marguerite d'Youville Maternity I		<del></del>		
Transitional Home	•		rsletter	
Skills: (please check) Compute	er Counseling	Managerial	Maintenance	
Other: (specify)				
I agree to adhere to and prac	tice the teachings at The	e DesOrmeaux Foundat	ion, which is a Catholic	c and Prolife Ministry
SIGNATURE OF APPLICA	NT•		DATE	•