



The Magdalene House
132 N. Marion Street
Martinsville, Indiana 46151

Volunteer Application

Please complete the volunteer application and sign it. You may return the application by scanning the signed document and sending via email to volunteer@stability-first.com or by mailing to:

The Magdalene House
Stability First
PO Box 1452
Martinsville, IN 46151

Applicant Information

Applicant name: _____ Date of birth: ___/___/___

Home phone number: _____

Cell phone number: _____

Email address: _____

Current address:

Number and Street: _____

City: _____

State and Zip code: _____

How were you referred to The Magdalene House?

Volunteer Positions: Transportation, Administration, Receptionist, In Take Assistant, House Manager Assistant, Bible Study, Inventory, Stock Room Organization, Kitchen Help, Menu Planning, Other.

Position(s) applying for: _____

If accepted, on what date can you start? ___/___/___

Availability:

When are you available for volunteer assignments?

___: ___ to ___: ___ Monday

___: ___ to ___: ___ Thursday

___: ___ to ___: ___ Tuesday

___: ___ to ___: ___ Friday

___: ___ to ___: ___ Wednesday

___: ___ to ___: ___ Saturday/Sunday

Personal Information

If accepted, would you have transportation to/from Magdalene House? Yes No

Do you have a valid driver’s license? Yes No

Driver’s license number and State Issuing license: _____

Do you have current automobile insurance?

Company: _____ Policy Number: _____

Are you over the age of 18? Yes No

Are you able to perform the essential functions of the volunteer position which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed: _____

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No

If yes, please describe the crime-state nature of crime(s), when and where convicted and the disposition of the case:

Volunteer History:

Organization Name: _____

Organization Street Address: _____

Organization City, State and Zip Code: _____

Phone number: _____

Dates volunteered: ___/___/___ to ___/___/___

Title: _____

Duties: _____

May we contact this organization? Yes No

Education, Training and Special Skills:

Years of school completed? _____

Previous Occupations: _____

Language(s) Spoken: _____

Emergency Contact:

Name: _____ Phone number: _____

Relationship: _____

Why are you interested in volunteering at Magdalene House?

What qualities do you think you can bring to The Magdalene House?

Signature: _____ Date: ___/___/___

Magdalene House Staff Signature: _____ Date: ___/___/___