



Change A Heart

Franciscan Volunteer Program

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(412) 821-0861 Fax (412) 821-3318
Web: www.changeaheartvolunteers.org
E-mail: volunteers@sosf.org

PRELIMINARY APPLICATION

Please type or print

Name _____ Male _____ Female _____

Temporary Address _____
Valid until: _____ Street _____ City _____ State _____ Zip _____

Permanent Address _____
Street _____ City _____ State _____ Zip _____

Phone Number(s) _____
Home _____ Cell _____ Other _____

E-mail Address(es) _____

Date of Birth _____ Age _____ Marital Status _____ # of Dependents _____ Citizenship _____

How did you hear about our program? _____

Type of volunteer experience you are looking for _____

QUALIFICATIONS and EXPERIENCE for this type of service _____

Past volunteer experiences _____

Describe briefly why you want this volunteer experience _____

SPECIAL SKILLS: _____

Foreign language(s) studied: _____

Name any other volunteer program(s) you have contacted _____

EDUCATIONAL BACKGROUND

High School _____

Address _____

Dates attended _____ Year Graduated _____

College/University _____

Address _____

Dates Attended _____ Year Graduated _____

Major _____ Minor(s) _____

Graduate School _____

Address _____

Dates Attended _____ Year Graduated _____

Major _____ Degree Obtained _____

Trade/Technical School _____

Address _____

Dates Attended _____

Major _____ Degree/Certification/License _____

Significant educational experiences: _____

List last three employers starting with present one. Give approximate dates and a brief description of your position.

1) Date: _____ Description: _____

2) Date: _____ Description: _____

3) Date: _____ Description: _____

Additional comments: _____

This is a **preliminary** application; it is not an application for membership in the Franciscan Volunteer Program. It will assist us in responding to your inquiry.

Signature _____ Date _____