

St. Andrew's Center
A Transitional Home for LGBT Youth
VOLUNTEER APPLICATION

DATE _____

NAME _____

ADDRESS _____

EMAIL _____

HOME PHONE _____

CELL PHONE _____

HOME PARISH _____

PHONE NUMBER _____

PASTOR _____

EMERGENCY CONTACT _____

RELATIONSHIP _____

PHONE NUMBER _____

WOULD YOU LIKE TO BE PART OF OUR SATURDAY NIGHT COOKING TEAM?

YES _____ NO _____

IS THERE ANOTHER VOLUNTEER JOB WOULD YOU LIKE TO LEND YOUR TALENT TO FOR OUR YOUTH?

WHEN ARE YOU AVAILABLE TO DO THIS? _____

* Please submit one letter of reference with your application.