The Little Flower, Inc

The Little Flower relies on the generosity of volunteers to help keep our home functioning and to enrich the lives of our mothers. Through their acts of service and love, our volunteers are vital in helping us to carrying out our mission to serve Mothers in need. Thank you for your interest in serving with us!

Name:	
Address:	City, State, Zip:
Phone Number:	Email:
Are you over 18 years old? Y/N Soci	ial Security Number:
Are you involved in a church? Y/N Cl	hurch Name:
How did you hear about The Little Flo	wer?
Why are you interested in volunteering	g at The Little Flower?
Previous work/volunteer experience re	lated to this mission:
How many volunteer hours a week/mo	onth are you looking to do?
Preferred days/times you'd like to volu	unteer?
Please briefly describe your spiritual /	prayer life:
Little Flower requires volunteers to con	ity Home. We follow church teaching in this home. The mplete The Safe Environment Training through the Archdiocese Safe Environment training? Y/N When?
not allow volunteers to friend/follow n	olunteers and to comply with confidentiality laws, we do nothers on ANY social media outlet. This is grounds for and and agree to this? Y/NVolunteer Initials
confidential. I will not discuss informate I understand if I break this pledge, I wi	oth client and financial supporter information, will remain ation with anyone except the Founder/Executive Director. ill no longer be permitted to volunteer at The Little to this? Y/N Volunteer Initials.

Please indicate your interests in volunteering. Volunteer opportunities include:	
Administrative Tasks	
Attend Service Saturdays	
Working directly with Mothers	
Meals for Moms Program	
Board Member	
Help with Fundraising Activities and Special Events	
• House Coverage (answering the phones, sorting donations, etc.)	
• Represent The Little Flower at an informational table	
The Little Flower often hosts volunteer speakers, who share their knowledge of pertinent topics with our Mothers. If you are interested in being a speaker, please list topics of expertise below: Please list any special skills, interests, hobbies, or other notes:	
Do you need to track your hours? If so, please list the amount of hours you need to complete, and the required date of completion:	
Please give one personal and one professional reference:	
1.) Personal Reference Name & Phone Number:	
2.) Professional Reference Name & Phone Number:	
Emergency Contact Name and Phone Number:	
Volunteer Signature: Date:	

Completed Safe Training (Attach Certificate): Y/N Volunteer Start Date:

Executive Director Signature:

Additional Notes:

Revised 8/26/2021