



# San Damiano Retreat Center

## Shrine of the Good Shepherd

**Retreat Center and Shrine**

Rural Route 1, Box 106  
Golconda, Illinois 62938

**Telephone (618) 285 - 3507**

**Fax (618) 285 - 3507**

**Administrative Office**

4100 North Illinois Street  
Swansea, Illinois 62226

**Telephone (618) 234 - 1445**

**Fax (618) 234 - 9861**

Thanks for wanting to volunteer at San Damiano! Please detach this page return the completed application to the Administrative Office in Swansea either via mail or fax. Once your application is received, you will receive a phone or written confirmation. Thanks and God Bless You!

### Volunteer Application

Date \_\_\_\_\_

Name (Last Name, First Name) \_\_\_\_\_

Social Security Number \_\_\_\_\_ Phone (Area Code) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip + 4 \_\_\_\_\_

**Desired Position. Please indicate all that apply, numbering in your order of preference:**

- Gardening and Landscaping
- Religious Gift Shop Attendant
- Carpentry and Small Repairs
- Grass Mower
- Office Work/Telephone Receptionist/Reservationist
- Plumbing Repairs
- Housekeeper
- Other \_\_\_\_\_
- Dishwasher and Kitchen Assistant
- Visitor Center Receptionist/Hostess

Have you ever done volunteer work before?      Yes      No

If yes, where and what type of volunteer work did you do? \_\_\_\_\_

Desired Start Date \_\_\_\_\_ Last Date Available \_\_\_\_\_

**Please tell us a little about yourself:**

**Are you retired?    Yes        No        Present Occupation or, if retired, previous occupation**

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**Please indicate skills or special training you have.** \_\_\_\_\_

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**Do you have your own transportation?        Yes        No**

**Do you have a medical condition, physical condition, or disability we should be aware of? If yes, please explain.**

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**Who should we notify in case of an emergency?**

**Last Name, First Name** \_\_\_\_\_

**Relationship to you** \_\_\_\_\_

**Daytime Phone (Area Code)** \_\_\_\_\_

**Nighttime Phone (Area Code)** \_\_\_\_\_

**Your Pastor's Recommendation: "I personally know this applicant as a member of my parish and I recommend this person as a volunteer at San Damiano Retreat Center, Golconda, IL."**

\_\_\_\_\_  
**Pastor's Signature**

\_\_\_\_\_  
**Church Parish**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**City, State**

\_\_\_\_\_  
**Church Phone (Area Code)**

**Please return this application to:**  
**San Damiano Administrative Office**  
**4100 North Illinois Street**  
**Swansea, Illinois 62226**  
  
**Telephone (618) 234 - 1445**  
**Fax (618) 234 - 9861**