



Volunteer Application Form

Date _____
 Name _____
 Address _____
 City/State/zip code: _____
 Day Time Phone _____ Other Phone _____
 E-mail address _____
 How did you learn about volunteer opportunities at Catholic Charities?

Areas of Interest – (Please check the area(s) that interest you.)

Please note that this does not guarantee an opportunity is available.

<input type="checkbox"/> Activities with persons with developmental disabilities	<input type="checkbox"/> Mentor for at-risk youth
<input type="checkbox"/> Assembly clerical projects (i.e. mailings & Filing)	<input type="checkbox"/> Painting or maintenance in a building
<input type="checkbox"/> Assisting Diverse populations with reading or other skills	<input type="checkbox"/> Personal Contact Caller for recently widowed
<input type="checkbox"/> Clothing Program	<input type="checkbox"/> Serve Meals with Senior Dining
<input type="checkbox"/> Food Shelf	<input type="checkbox"/> Share/Teach a hobby or skill (i.e. music, woodworking, art, computers)
<input type="checkbox"/> Foster Grandparent Program	<input type="checkbox"/> Special Events (i.e. Mardi Gras, Holiday Programs)
<input type="checkbox"/> Gardening	<input type="checkbox"/> Teach independent living skills
<input type="checkbox"/> Grief Support Groups – Adults or kids	<input type="checkbox"/> Other: _____

Availability

When are you available for volunteer services?

Check time(s) & day(s):

Morning	<input type="checkbox"/> SU	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> TH	<input type="checkbox"/> F	<input type="checkbox"/> SA	<input type="checkbox"/> 5 - 10 hours/week
Afternoon	<input type="checkbox"/> SU	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> TH	<input type="checkbox"/> F	<input type="checkbox"/> SA	<input type="checkbox"/> 1-3 hours/week
Evening	<input type="checkbox"/> SU	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> TH	<input type="checkbox"/> F	<input type="checkbox"/> SA	<input type="checkbox"/> Occasionally
								<input type="checkbox"/> Once

Is your volunteer time a requirement? Yes No

If yes, what is the volunteering for? A class Church Community service

Other _____

How many hours are required? _____ Required completion date? _____

Is special supervision required? Yes No

Please list any special considerations or needs that we should be aware of:

Experience

Please list 2 recent organizations where you have been **employed**:

Organization	Dates:
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Address:

Phone No.:

Position:

Description of Work:

Reason for leaving:

Organization	Dates:
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Address:

Phone No.:

Position:

Description of Work:

Reason for leaving:

Additional Volunteer Work: Position:

Address:

City/State/Zip code:

Description of work:

Emergency Contact Information

Name _____

Phone: _____

Address _____

I certify that the information provided in this application is true and correct to the best of my knowledge.

Signature _____

Date _____

Your signature indicates your permission for Catholic Charities to check references. Opportunities are provided solely on individual merit of applicants related to specific volunteer assignment requirements and without regard to religion, creed, race, national origin, age, gender or sexual orientation

Office Use Only – initial & date when complete

Background check	Confidentiality pledge	Data in clinicians	Orientation Brochure	References checked
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