



VOLUNTEER APPLICATION FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Daytime) _____ (Evening) _____

E-mail address: _____

In Case of an Emergency, contact: Name _____

Phone (Daytime) _____

(Evening) _____

Beeper/Cell: _____

Relationship to applicant _____

1. Some volunteer activity may require lifting. Are there any physical limitations that would prevent you from lifting? Yes No
2. Some volunteer activity may require climbing stairs (e.g., 3 story building). Are there any physical limitations that would prevent you from climbing stairs? Yes No
3. Do you have reliable transportation to our program office? Yes No
4. Have you ever been convicted of a misdemeanor? Yes No

If so, please explain: _____

5. Have you ever been convicted of a felony? Yes No

If so, please explain: _____

6. EDUCATIONAL BACKGROUND

SCHOOL	NAME & LOCATION	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	DEGREE ACQUIRED
ELEMENTARY SCHOOL				
MIDDLE SCHOOL				
HIGH SCHOOL OR EQUIVALENT				
COLLEGE/ GRADUATE SCHOOL				
VOCATIONAL/ TRADE/ BUSINESS				

CERTIFICATIONS SPECIAL TRAINING	
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7. Are you currently working outside the home? Yes No

If yes, name of employer: _____

Your Position _____

8. How did you learn about our Catholic Charities program?

- | | | |
|--|--|---|
| <input type="checkbox"/> School | <input type="checkbox"/> Former Volunteer | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Church Bulletin | <input type="checkbox"/> Medical Agency | <input type="checkbox"/> Advertisement |
| <input type="checkbox"/> Newspaper Article | <input type="checkbox"/> Staff Member | <input type="checkbox"/> Volunteer Center |
| <input type="checkbox"/> Telephone Book | <input type="checkbox"/> Agency Newsletter | <input type="checkbox"/> Service Agency |

Other (specify) _____

9 Why have you chosen Catholic Charities as a place to volunteer?

10. **TIME AVAILABILITY** When are you available to begin? (Date) _____

How many hours per week will you be willing to volunteer at our program? _____ hours/per wk.

Which Catholic Charities program do you wish to serve as a volunteer? _____

What hours are you available to volunteer? (Check all that apply and specify times)

Weekday Mornings _____ Weekend Mornings _____

Weekday Afternoons _____ Weekend Afternoons _____

Weekday Evenings _____ Weekend Evenings _____

Can you make a commitment to volunteer for at least 4 months? Yes No

11. Please list the names, addresses, and phone numbers of three references (*who are not relatives*):

(A) Name _____

Address _____

Phones: (Daytime) _____ Evening) _____

Relationship to applicant: _____

How long has this reference known you? _____

(B) Name _____

Address _____

Phones: (Daytime) _____ Evening) _____

Relationship to applicant: _____

How long has this reference known you? _____

(C) Name _____

Address _____

Phones: (Daytime) _____ Evening) _____

Relationship to applicant: _____

How long has this reference known you? _____

Students seeking college credit for volunteer placement must complete #12 on next page.

OFFICE USE ONLY

Application Received on: _____

Volunteer Assignment: _____

Clearance Mailed on: _____; Received: _____

Volunteer Supervisor: _____

References: A _____ B _____ C _____

Date to begin: _____

End Date: _____