

VOLUNTEER APPLICATION FORM

State:	Zip:
(Evening)	
	_
Name	
Phone (Daytime)	
(Evening)	
Beeper/Cell:	
Relationship to applican	t
lifting. Are there any physic	cal limitations that would prevent
climbing stairs (e.g., 3 storom climbing stairs? ☐ Y	ry building). Are there any physical ∕es □ No
o our program office?	□ Yes □ No
misdemeanor? ☐ Yes	□ No
elony? ☐ Yes ☐ No	
	State:

6. EDUCATIONAL BACKGROUND

SCHOOL			AME & CATION	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	DEGREE ACQUIRED
ELEMENTRARY SCHOOL						
MIDDLE SCHOOL						
HIGH SCHOOL OR EQUIVALENT						
COLLEGE/ GRADUATE SCHOOL						
VOCATIONAL/ TRADE/ BUSINESS						
CERTIFICATION SPECIAL TRAINI						
7. Are you currently	workir	ng outsid	e the home? [□ Yes □ No		
If yes, name of e	mploye	er:				
		Your F	Position			
8. How did you lear	n abou	ıt our Cat	holic Charities pr	ogram?		
☐ School			☐ Former Volur	nteer	☐ Friend	
☐ Church Bulletin ☐ Medical Agency ☐		☐ Advertiseme	nt			
□ Newspaper Article □ Staff Member □ Volunteer Center		enter				
☐ Telephone Book ☐ Agency Newsletter ☐ Service Agency						
Other (speci	fy)				· · · · · · · · · · · · · · · · · · ·	
9 Why have you cho	osen C	Catholic C	charities as a plac	e to volunteer?		

□ Weekday Afternoons □ Weekend Evenings Can you make a commitment to volunteer for at least 4 months? □ Yes □ No 1. 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 (C) Name	10. TI I	ME AVAILABILITY	When are you	u available to begin? (Date)
What hours are you available to volunteer? (Check all that apply and specify times) Weekday Mornings	Н	ow many hours per week	will you be will	lling to volunteer at our program? hours/per wk.
□ 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 1. 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 Evening) Relationship to applicant: □ How long has this reference known you? □ (C) Name (C) Name	W	hich Catholic Charities բ	orogram do you	u wish to serve as a volunteer?
□ Weekday Afternoons □ Weekend Afternoons □ Weekday Evenings □ Weekend Evenings Can you make a commitment to volunteer for at least 4 months? □ Yes □ No 1. Please list the names, addresses, and phone numbers of three references (who are not relatives): (A) Name	What	hours are you available	to volunteer?	(Check all that apply and specify times)
□ Weekday Evenings □ Weekend Evenings Can you make a commitment to volunteer for at least 4 months? □ Yes □ No 1. Please list the names, addresses, and phone numbers of three references (who are not relatives): (A) Name		Weekday Mornings		□ Weekend Mornings
Can you make a commitment to volunteer for at least 4 months? Yes No Please list the names, addresses, and phone numbers of three references (who are not relatives): (A) Name		Weekday Afternoons	· · · · · · · · · · · · · · · · · · ·	□ Weekend Afternoons
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(A) Name	Ca	an you make a commitm	ent to voluntee	er for at least 4 months? □ Yes □ No
Address Evening) Evening) Relationship to applicant: How long has this reference known you? (B) Name Address Evening) Evening) Relationship to applicant: How long has this reference known you? (C) Name (C) Name Evening)	11. Ple	ase list the names, addr	esses, and pho	one numbers of three references (who are not relatives):
Phones: (Daytime) Evening) Relationship to applicant: How long has this reference known you? [B] Name Address Evening) Evening) Relationship to applicant: How long has this reference known you? [C] Name [C] Name [Evening] [Evening] [C] Name [C] Name [Evening]	(A)	Name		
Phones: (Daytime) Evening) Relationship to applicant: How long has this reference known you? [B] Name Address Evening) Evening) Relationship to applicant: How long has this reference known you? [C] Name [C] Name [Evening] [Evening] [C] Name [C] Name [Evening]		Address		
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				
(B) NameAddress		Relationship to applica	nt:	
(B) NameAddress		How long has this refe	rence known yo	ou?
Address Phones: (Daytime) Evening) Relationship to applicant: How long has this reference known you? (C) Name	(B)			
Relationship to applicant: How long has this reference known you? (C) Name				
How long has this reference known you?(C) Name				
How long has this reference known you?(C) Name		Relationship to applica	nt:	
(C) Name				
	(C)			
Address	, ,			
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.

12. **FOR STUDENTS ONLY** (undergraduate or graduate level):

If you are volunteering for undergraduate or graduate school credit, please complete the following section.

Name of College:
Department:
Your AdvisorPhone Number:
Year in School: □Fresh □Sophomore □Junior □Senior □1st yr. Grad □2nd yr. Grad
Number of credits for volunteer work: □1 □2 □3 □4 □5 □6 □(other:) Number of volunteer hours per week: □1 □2 □3 □4 □5 □6 □7 □8 □9 □10 □11 □12 □13 □14 □15 □16 □(other:)
Semester(s) Fall January Term Spring Summer Length of semester(s): from: to YEAR (month)
Type of Degree you are seeking: □AA/AS □BA/BS □BSW □BSN □RN □MA □MS □MSW
Anticipated Date of Degree Completion: (month) (year)
Course/Dept requirements while volunteering at agency:
WRITTEN EVALUATION: NO PYES DUE DATE:
LEARNING CONTRACT: NO YES DUE DATE:
AGENCY PAPERS: NO YES DUE DATE:
CASE STUDY/PROCESS RECORDINGS: NO PES DUE DATE:
OTHER (Specify)
□ NO □ YES DUE DATE:
AUTHORIZATION I certify that the facts contained in this volunteer application are true and complete to the best of my knowledge at understand that falsified statements on this application shall be grounds for dismissal. I authorize investigation of statements contained herein and the references listed above to give you pertinent information relative to this application.
(Signature of Applicant) (Date)

OFFIC	E USE ONLY
Application Received on:	
Volunteer Assignment:	
Clearance Mailed on:	; Received:
Volunteer Supervisor:	
References: A B	_ C
Date to begin:	
End Date:	