



## Volunteer Application

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Other #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Best way to contact you:** \_\_\_\_\_

**What is your current occupation?** \_\_\_\_\_ **Birthday:** Month \_\_\_\_\_ Day \_\_\_\_\_

**Are you a student? If so, what school are you attending?** \_\_\_\_\_

### Emergency Contact Information:

**Name:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Home #:** \_\_\_\_\_

**Best way to reach person(s):** \_\_\_\_\_

**Do you have any medical conditions we should be aware of in case of an emergency?**  
\_\_\_\_\_

**Do you have any physical limitations/needs that need to be accommodated while volunteering?** \_\_\_\_\_

**Do you have any special interests, skills or hobbies that you might like to share in some way as a volunteer with us?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Why are you interested in volunteering for Catholic Charities?**  
\_\_\_\_\_  
\_\_\_\_\_

**Are you volunteering as part of a community service commitment?** \_\_\_\_\_

**If yes, what is the community service for?** \_\_\_\_\_  
\_\_\_\_\_

**How did you hear about volunteering opportunities?** \_\_\_\_\_

**Parish/Congregation/Organization** \_\_\_\_\_

**Have you completed: Protecting God's children Workshop?** \_\_\_\_ **On-line application?** \_\_\_\_

**How often would you like to volunteer?**

\_\_\_\_\_ 3 times a week      \_\_\_\_\_ 1 time a week      \_\_\_\_\_ once a month  
\_\_\_\_\_ 2 times a week      \_\_\_\_\_ 1 time every two weeks      \_\_\_\_\_ for special events

**Do you speak, write or read any languages other than English? If so, please indicate which language(s), and rate your abilities on a scale of 1 to 10: (1 = minimal; 10 = fluent)**

**Language:** \_\_\_\_\_ **Speak** \_\_\_\_\_ **Write** \_\_\_\_\_ **Read** \_\_\_\_\_

**Using the same scale, please rate your ability to use basic computer programs:** \_\_\_\_\_

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**Please indicate which programs you are interested in volunteering with:**

**Please be aware that all volunteers are required to fill out the on-line criminal background check before they can volunteer at Catholic Charities**

**The information on this application will only be shared with program directors seeking volunteers. The contact information will only be used in case of emergency.**

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