

CATHOLIC COMMUNITY SERVICE



Volunteer Application Form

All fields are required to be filled out accurately prior to becoming a Catholic Community Service volunteer.

PLEASE PRINT:

Name: Last _____ First: _____ Middle Initial _____

Mailing Address: _____

City: _____ State: _____ Zip Code _____

Home Telephone Number: _____ Cell Phone: _____

E-mail: _____

Are you 18 years of age or older? Yes No

NAME OF PERSON TO CONTACT IN CASE OF AN EMERGENCY:

Last Name: _____ First Name: _____

Relationship: _____

Contact Numbers to call: Day: _____ Evening: _____

INFORMATION ABOUT YOUR EMPLOYMENT: (voluntary) Retired

Current Employer: _____ Position _____

Business Telephone: _____

HOW DID YOU HEAR ABOUT VOLUNTEER OPPORTUNITIES WITH CATHOLIC COMMUNITY SERVICE?

Other CCS Volunteer CCS Website CCS Employee School/College

Other (please explain): _____



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INFORMATION ABOUT YOUR VOLUNTEER INTERESTS:

Please describe in detail why you are interested in volunteering and what skills you would like to contribute.

INFORMATION ABOUT YOUR INTERESTS/SKILLS/EXPERIENCE AND AVAILABILITY:

Would you prefer to volunteer with:

- Hospice
- Friends of Seniors
- Meals on Wheels
- Other: _____

Please list your experiences or skills that relate to the preference indicated previously:

Please list any current volunteer or previous volunteer roles:

Please check the most appropriate day and shift that you would be available to volunteer:

Mornings: Monday Tuesday Wednesday Thursday Friday

Afternoons: Monday Tuesday Wednesday Thursday Friday

Evenings: Monday Tuesday Wednesday Thursday Friday

What language skills would you contribute / (e.g., sign language, languages you speak other than English?)

Are you available/Interested in assisting with special projects such as mailings or office work?

- No Yes



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REFERENCES:

Please print the **COMPLETE** mailing addresses and phone numbers of three people we may contact (**excluding relatives where possible**) who have known you for more than two years. Local references preferred:

#1
Name: _____ Relationship: _____

Email: _____

Phone Number(s): _____

#2
Name: _____ Relationship: _____

Email: _____

Phone Number(s): _____

#3
Name: _____ Relationship: _____

Email: _____

Phone Number(s): _____

CATHOLIC COMMUNITY SERVICE RESERVES THE RIGHT TO CONDUCT STATE AND FEDERAL BACKGROUND CHECKS:

Have you ever been convicted of a felony? Yes* No

Have you been convicted of a misdemeanor in the past five years? Yes* No

*Please explain:

Hospice Volunteers are also required to have a TB skin test. As a courtesy, Catholic Community Service provides testing free of charge.



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VOLUNTEER PRIVACY INFORMATION AND RELEASE AUTHORIZATION

Please read the following carefully.

APPLICATION INFORMATION

I certify that all information in this application is true and complete.

I understand that any false information or omission may disqualify me from further consideration for volunteer service and may result in my dismissal, if discovered, at a later date.

REFERENCES

I understand that Catholic Community Service requires information from me to evaluate my qualifications for volunteer service.

I authorize and release personal references, employers (past and present), and, if necessary, other applicable entities to answer questions in regards to volunteer work, employment, ability, character, and emotional background and, if applicable, driving history.

I have read and understand the above and by my signature consent to these statements.

Volunteer Signature

Date