



**VOLUNTEER APPLICATION**

**1. PERSONAL DATA** (Please print clearly) Birth Month \_\_\_\_\_ Day \_\_\_\_\_  
 Name (First, Middle, Last Name) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

If you are a volunteer group leader or high school volunteer, complete the following:

<input type="checkbox"/> <b>GROUP VOLUNTEER</b>	Organization/Business Name: _____	Approx. number in group: _____		
<input type="checkbox"/> <b>SCHOOL VOLUNTEER</b>	School Name: _____	School Contact/Phone: _____	Hrs. Needed: _____	Grade: _____

**2. AVAILABILITY**

Date Available to Start: _____	Position/Program of Choice: _____		
<input type="checkbox"/> Day	<input type="checkbox"/> Evening	<input type="checkbox"/> Weekdays	<input type="checkbox"/> Weekends

Do you have any special needs that would affect your volunteering?  Yes  No  
 If yes, please specify \_\_\_\_\_

**3. EMERGENCY CONTACT**

In case of emergency, please notify \_\_\_\_\_  
 Day-Time Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

**Food For Families and Second Harvest Volunteer Applicants:**  
*No further information is required. Please sign and date the application below.*

**4. BACKGROUND, EDUCATION, EXPERIENCE**

Are you 16 years or older?  Yes  No  
 Do you have a valid driver's license?  Yes  No  
 Highest Level of Education  High School  College  Graduate School  Other  
 Computer Skills  Yes  No Computer Applications \_\_\_\_\_  
 Relevant Work or Volunteer Experience \_\_\_\_\_

**5. REFERENCES** (Personal and Professional - Do Not Include Relatives)

	Name	Address	Phone Number	Relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**6. CERTIFICATION**

I hereby certify that the above information is true and complete to the best of my knowledge. I understand that any false or misleading statement which I have supplied can be grounds for denying volunteer placement or termination of volunteer work.

\_\_\_\_\_  
 Signature Date

**You are not required to complete this section. This information is for statistical purposes only.**

**Sex:**  Male  Female  
**Race:**  Caucasian  Black  Asian  Hispanic  Other \_\_\_\_\_  
**Disability:**  No  Yes Please specify: \_\_\_\_\_

Volunteer Services of Catholic Charities does not discriminate against applicants  
 by reason of race, color, age, sexual orientation, sex, religion, national origin, or disability status.