

Date: _____

VOLUNTEER APPLICATION

(Please print clearly and complete all areas).

Personal Data

First Name: _____ MI: _____ Last Name: _____

Address Street: _____ Apt: _____

City: _____ State: _____ Zip: _____

Phone Home: (____) _____ Work: (____) _____ Cell: (____) _____

E-mail: _____ @ _____ Birthday (Month/Day/Year): _____

Emergency Point of Contact: Name: _____ Phone: _____

Relationship: _____ Alt phone: _____

Are you affiliated with a particular: church temple mosque synagogue?

If yes, name: _____

Volunteer information

Where would you like to volunteer?

- | | | |
|--|---|---|
| <input type="checkbox"/> Mother-Infant Care | <input type="checkbox"/> MRS-Donation Room | <input type="checkbox"/> Administrative/Reception Work |
| <input type="checkbox"/> Sister Visitor Center | <input type="checkbox"/> Long-Term Care Ombudsman | <input type="checkbox"/> Migration & Refugee Services/ESL |
| <input type="checkbox"/> Language Services | <input type="checkbox"/> Senior Driver Program | <input type="checkbox"/> Other: _____ |

Days and times that you are willing to commit as a volunteer: (Regular Office hours M-F 8:30a-4:30p)

Days: Monday Tuesday Wednesday Thursday Friday Saturday

Time: (From/to) _____

Frequency: Weekly Monthly As Needed Other: _____

Referred by / learned about Catholic Charities from: _____

Work history information

Employer: _____ City/State: _____ *(Prior employer if retired.)*

Retired Student

Type(s) of work experience: _____

Other volunteer experience(s): _____

Experience you consider relevant to position of interest: _____

Are there any tasks you may be unable to perform: *(lifting, standing for extended periods, etc.)* _____

(Continued on Back)

References [Please list two other than relatives]

Name: _____ Address: _____

City/State: _____ Phone: _____ Relationship: _____

Name: _____ Address: _____

City/State: _____ Phone: _____ Relationship: _____

Have you ever been convicted of a crime? No Yes

(Answering yes does not automatically prohibit service)

If yes, describe in full: _____

Affirmation and Background Check

I affirm that the information provided on this application is true and complete to the best of my knowledge. I understand that the information provided on this form is to be used only by Catholic Charities for the purpose of its volunteer program.

I authorize investigation of the information contained in this application which may include a background check or other screening if appropriate to the volunteer and program.

Applicant's Signature: _____ Date: _____

Confidentiality Agreement

Catholic Charities of Louisville, Inc. must safeguard our clients' right to privacy by treating and protecting all information as **CONFIDENTIAL**.

Therefore, I shall safeguard and treat as confidential, any and all information (whether acquired through verbal communication, written records or observation) regarding any client, which I may receive through my affiliation with Catholic Charities of Louisville, Inc. as a volunteer.

I have read and understand this STATEMENT OF CONFIDENTIALITY.

Applicant's Signature: _____ Date: _____

Parental/ Guardian Consent

_____, a minor child, wishes to participate as a volunteer in a Catholic Charities ("Activity"). As the minor's parent/guardian, I hereby consent to his/her participation in the Activity.

I am not aware of any physical or medical condition that would interfere with the child's ability to participate. If the child is injured or becomes ill and neither I nor any other parent/guardian identified below can be reached, I give Catholic Charities permission to seek medical attention for the child.

Signature of Parent/ Guardian Date Printed Name of Parent/ Guardian

Emergency Contact Information: Name: _____ Phone Number _____