

CATHOLIC CHARITIES of the DIOCESE of ALBANY

VOLUNTEER APPLICATION FORM

Name : _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (Daytime) _____
(Evening) _____
E-mail address: _____

In Case of an Emergency, contact:

Name: _____
Phone: (Daytime) _____ (Evening) _____
Beeper: _____
Relationship to applicant: _____

Volunteers [] are required [] are not required to be at least 18 years of age. If you are not at least 18 years of age, a parent or legal guardian must also complete and sign consent forms.

Are you at least 18 years of age? Yes No

1. Some volunteer activity may require lifting.
Are there any physical limitations that would prevent you from lifting? Yes No

2. Some volunteer activity may require climbing stairs (e.g., 3 story building).
Are there any physical limitations that would prevent you from climbing stairs? Yes No

3. Do you have reliable transportation to our program office? Yes No

4. Have you ever been convicted of a misdemeanor? Yes No
If so, please explain: _____

5. Have you ever been convicted of a felony? Yes No
If so, please explain: _____

6. EDUCATIONAL BACKGROUND

<u>SCHOOL</u>	<u>NAME & LOCATION</u>	<u>NO. OF YEARS ATTENDED</u>	<u>DID YOU GRADUATE?</u>	<u>DEGREE ACQUIRED</u>
<u>ELEM SCHOOL</u>				
<u>MIDDLE SCHOOL</u>				
<u>HIGH SCHOOL OR EQUIVALENT</u>				
<u>COLLEGE/ GRADUATE SCHOOL</u>				
<u>VOCATIONAL/ TRADE/ BUSINESS</u>				

CERTIFICATIONS SPECIAL TRAINING	
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7. Are you currently working outside the home? yes no

If yes, name of employer: _____

Your position: _____

8. How did you learn about our Catholic Charities program?

School Staff Member

Church Bulletin Agency Newsletter

Newspaper Article Friend

Telephone Book Advertisement

Former Volunteer Volunteer Center

Medical Agency Service Agency

Other (specify) _____

9. Why have you chosen Catholic Charities as a place to volunteer?

10. **TIME AVAILABILITY**

When are you available to begin? (Date) _____

How many hours per week will you be willing to volunteer at our program? _____ hours/per wk

Which Catholic Charities program do you wish to serve as a volunteer? _____

What hours are you available to volunteer? (Check all that apply and specify times)

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

11. Please list the names, addresses, and phone numbers of three references (who are not relatives or personal friends):

(A) Name _____	(C) Name: _____
_____	_____
Address _____	Address _____
_____	_____
_____	_____
Phones: (Daytime) _____	Phones: (Daytime) _____
_____	_____
(Evening) _____	(Evening) _____
Relationship to applicant: _____	Relationship to Applicant: _____
How long has this reference known you? _____	How long has this reference known you? _____
(B) Name _____	
Address _____	

Phones: (Daytime) _____	
(Evening) _____	
Relationship to applicant: _____	
How long has this reference known you? _____	

AUTHORIZATION

I certify that the facts contained in this volunteer application are true and complete to the best of my knowledge and understand that falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you pertinent information relative to this application.

