



# 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 EDUCATION:** (voluntary)

I have completed:  High School  Some College  College

**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 Work  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 contribute.

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### INFORMATION ABOUT YOUR INTERESTS/SKILLS/EXPERIENCE AND AVAILABILITY:

Would you prefer to volunteer with:

- Child Care and Family Resources     Hospice and Home Care of Juneau
- Southeast Senior Services     Meals on Wheels

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

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Please list your current volunteer roles (if any) and list your previous volunteer roles:

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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?)

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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:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Contact Phone Number(s) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Contact Phone Number (s) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Contact 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:

\_\_\_\_\_  
\_\_\_\_\_

### Meals on Wheels Drivers are also required to submit:

Copy of Driver's License       Proof of Current Auto Insurance



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<b>VOLUNTEER PRIVACY INFORMATION AND RELEASE AUTHORIZATION</b>
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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.

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Volunteer Signature

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Date