

CATHOLIC CHARITIES of the DIOCESE of ALBANY

VOLUNTEER APPLICATION FORM

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (Home) _____ (Cell): _____
Emergency Contact and Contact Number: _____
E-mail address: _____ Birth Date _____
I prefer to be contacted by: ___ Phone ___ cell or ___ home OR ___ Email

I am: ___ Employed
 ___ Retired
 ___ Student (HS/college)
 ___ Not currently working

Employment/School Information (if applicable)
Employer Name (or School) _____
Employer/School Address _____
City _____ State/Zip _____
Occupation (or major) _____

Volunteer Information

What type of volunteer activity are you seeking? _____

Program or Agency Desired: _____

Do you have a required number of hours? If so, how many? _____

Is the agency required to document these? ___ yes ___ no how? _____

Special training, skills, hobbies you would like to utilize in this position? _____

Why do you want to volunteer with Catholic Charities? _____

How did you learn about Catholic Charities?

- | | | | |
|-------------------|--------------------------|-------------------|--------------------------|
| School | <input type="checkbox"/> | Staff Member | <input type="checkbox"/> |
| Church | <input type="checkbox"/> | Agency Newsletter | <input type="checkbox"/> |
| Newspaper Article | <input type="checkbox"/> | Friend | <input type="checkbox"/> |
| Website | <input type="checkbox"/> | Advertisement | <input type="checkbox"/> |
| Former Volunteer | <input type="checkbox"/> | Volunteer Center | <input type="checkbox"/> |
| Face book | <input type="checkbox"/> | | |

Other (specify) _____

Have you ever been convicted of a misdemeanor or felony?

Yes No

If so, please explain: _____

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

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

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
__ Mornings	__ Mornings	__ Mornings	__ Mornings	__ Mornings	__ Mornings	__ Mornings
__ Afternoons	__ Afternoons	__ Afternoons	__ Afternoons	__ Afternoons	__ Afternoons	__ Afternoons
__ Evenings	__ Evenings	__ Evenings	__ Evenings	__ Evenings	__ Evenings	__ Evenings

Can you make a commitment to volunteer for at least 4 months? Yes No

References: Please list the names, addresses, and phone numbers of two people (who are not relatives) who would be willing to serve as personal references. We will be emailing or mailing a form to submit, once we have those back we can move forward.

(A) Name _____	(B) Name: _____
Address _____	Address _____
_____	_____
Email _____	Email _____
Phones: Work/Home _____	Phones: Work/Home _____
Relationship to applicant: _____	Relationship to Applicant: _____

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. I also understand that to ensure a safe environment for all, every employee and on-going volunteer with Catholic Charities must undergo a background check. This form is attached. Background check forms are kept in a locked file in the Human Resources Office at 40 North Main Avenue, Albany, NY.

(Date)

(Signature of Applicant)

OFFICE USE ONLY	
Application Received: _____	Volunteer Assignment: _____
References: A _____ B _____ C _____	Volunteer Supervisor: _____
Driving for Agency Business: _____	Date to begin: _____ End: _____
Background check completed _____	Virtus Training needed: _____ Date Completed _____