

Catholic Charities of Herkimer County

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 | |
|--|--|

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 _____
- weekday afternoons _____
- weekday evenings _____
- weekend mornings _____
- weekend afternoons _____
- 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):

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

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.

(Date)

(Signature of Applicant)

Those seeking college credit for their volunteer placement must complete the next page (Q#12).

