

CATHOLIC CHARITIES SOUTHWESTERN OHIO VOLUNTEER APPLICATION

Please **PRINT** and fill in all information.

Name: _____ Age: 18 - 54 _____ 55+ _____
Birth Date: ____/____/____

Home Address _____

City, State and Zip: _____

Day Phone: () _____ Evening Phone: () _____

Email: _____

Current Occupation: _____ Employer: _____

EMERGENCY INFORMATION: Emergency contact: name, address, number & relationship

INTERESTS: What kinds of volunteer work would you like to do? Please refer to our Service Opportunities List

AVAILABILITY: Days _____ Evenings _____ Weekends _____

EDUCATION: Circle highest level completed: 8, 9, 10, 11, 12, 2 year degree, College degree, Graduate work, Ph.D., other: _____

If a college graduate, what is your degree? _____ Name of University _____
If you have a graduate degree, what is your degree? _____ Name of University _____

List any special training: _____

List hobbies, special interests: _____

VOLUNTEER EXPERIENCE:

Volunteer With: _____ Dates: From _____ to _____

Address: _____

Title: _____ Work Performed: _____

WORK EXPERIENCE: Please list most recent jobs or positions:

Organizations	Positions Held	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

PHYSICAL LIMITATIONS: Please explain any physical limitations that might limit your volunteer activities:

TRANSPORTATION: How will you get to the site where you will work as a volunteer?

Bus _____ Personal Vehicle _____ Other (please specify): _____

Drivers License Number: _____

REFERENCES: (Include at least one former or current supervisor)

Name	Address	City/State	Phone #
_____	_____	_____	_____
_____	_____	_____	_____

Have you been convicted of a crime or offense? Yes _____ No _____

If YES please explain: _____

Where did you learn of this opportunity? ADVERTISEMENT _____ FRIEND _____
RELATIVE _____ OTHER AGENCY _____ VOLUNTARY ACTION CENTER _____
OTHER: _____

AGREEMENT

I certify the answers given in this Application are true and complete to the best of my knowledge. I authorize investigation of statements contained in this Application as may be necessary to reach a decision regarding it. I realize that false or misleading information may result in discharge. I understand that upon appointment, I am required to abide by all the rules of the Agency.

APPLICANT'S SIGNATURE

DATE

Please mail to: Volunteer Coordinator
Catholic Charities
100 East 8th Street
Cincinnati, OH. 45202

Or fax to: 513-241-4333