



Volunteer Application Form

CATHOLIC
CHARITIES

Send To: Catholic Charities
1200 Second Ave S
Minneapolis, MN 55403-2500

Website Address: www.ccspm.org
Volunteer Info Line: 612-664-8600

Please Print

Date of Application: _____

Name: _____
(last) (first) (middle)

Address: _____

(city) (state) (zip)

Phone: (H) () - (W) () - (Fax) () -

E-Mail Address: _____

Job Title (if employed): _____ Retired?: Yes _____ No _____

Employer Name: _____

Business Address: _____

May we contact you at work? _____ Hours? _____

Person to contact in case of emergency: _____

Phone: () - Relationship to you: _____

Please help us in our recruitment efforts by telling us how you heard about our volunteer/intern opportunities. Please circle the one that best fits:

- | | | |
|---|---|----------------------------------|
| A) Catholic Charities Volunteer/ Employee | G) Current/Former Catholic Charities Client | L) Newspaper |
| B) Church | H) Friend/Relative | M) Radio |
| C) Civic Organization | I) Catholic Charities Speaker | N) Television/Cable Access |
| D) Corporation | J) Catholic Charities Volunteer Info Line | O) Other Social Service Provider |
| E) School | K) Catholic Charities Website | P) Volunteer Center |
| F) Catholic Charities Donor | | Q) Other (please specify) _____ |

For Office Use Only			
Catholic Charities Start Date: _____			
Division: _____		Program: _____	
Site: _____		Job title: _____	
Circle one: Regular	On-Call	One-time	
Circle Volunteer Type		Required Service? Yes or N	
Adult (Individual)	Participant/Client	Court-Referred	
CCVC	Senior (Individual)	Intern	Youth (Individual)

Answers to the following questions help us provide the most appropriate placement for you. We will keep this information confidential.

VOLUNTEER OPPORTUNITIES WHICH INTEREST YOU (IN ORDER OF PREFERENCE):

Please note: Not all opportunities are open at all times. Certain positions require training and/or have additional eligibility requirements. Some positions may also require a reference check.

1. _____ 3. _____
2. _____ 4. _____

EDUCATION INFORMATION

Are you a student? _____ School _____ Major _____ Year in School _____

What degree level are you currently seeking? AA _____ BA/BS _____ Masters _____ Other _____

Degrees or certificates earned/courses completed:

Special training or skills you have that you would like to share or use (i.e. teaching license, CPR, BeFriender Ministry, technical, crafts, languages spoken other than English):

INTERNSHIPS

Are you applying for an internship? Yes _____ No _____

If yes, how many hours do you need to complete supervision requirements? _____

What level of supervision is needed? BSW _____ MSW _____ Other _____

When do you need the internship to take place?

YOUR AVAILABILITY

Days _____ Evenings _____ Weekends _____

Hours per week: _____ Length of commitment: _____ months or _____ one-time opportunity

Preferred location: _____ St. Paul/East Metro _____ Minneapolis/West Metro

_____ Buffalo _____ Faribault _____ Le Center _____ Le Sueur _____ Montgomery _____ Red Wing

How will you get to your volunteer site? Please check all that apply.

- _____ own car _____ public transportation _____ walk _____ bike
_____ ride from family/friend

Do you have any physical disabilities or health concerns which would prevent you from performing certain kinds of work or in a certain work environment? Yes_____ No_____

If yes, please explain:

EXPERIENCE

Have you volunteered with Catholic Charities before? Yes_____ No_____

If yes, where? _____

What was your volunteer position? _____

Describe your previous volunteer experience, work experience, internships or field work:

Why are you interested in volunteering at Catholic Charities at this time?

Please provide any further information that would help us determine how we can appropriately match your needs:

I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge. I understand that completing this application does not ensure a volunteer or internship placement. I also understand that this is not an application for paid employment.

Applicant's Signature:_____ Date:_____

PERSONAL OR PROFESSIONAL REFERENCES (PLEASE EXCLUDE RELATIVES)

Please print the complete names and addresses of your references so they are easily readable. References should be people who are not related to you and who know your suitability for the position for which you are applying, such as coworkers, neighbors, friends, pastors, etc. We ask that you sign the "Release of Information" below so that we may notify your references of your desire for their response to the reference inquiry they will receive from Catholic Charities.

Our policies require that reference records be on file before you can be placed in certain volunteer positions. Please note that these records will be kept confidential.

1. Name _____ Phone (____) _____ -
Address _____

(city) (state) (zip)
How long have you known this person? _____
Relationship: _____

2. Name _____ Phone (____) _____ -
Address _____

(city) (state) (zip)
How long have you known this person? _____
Relationship: _____

3. Name _____ Phone (____) _____ -
Address _____

(city) (state) (zip)
How long have you known this person? _____
Relationship: _____

4. Name _____ Phone (____) _____ -
Address _____

(city) (state) (zip)
How long have you known this person? _____
Relationship: _____

RELEASE OF INFORMATION:

I have applied to Catholic Charities for a volunteer/intern position that may require that I provide references that can be contacted, so that Catholic Charities will be fully advised of my qualifications for this position. I, therefore, respectfully request that you furnish the necessary information, and I hereby release you from any and all liability of damages for providing the information requested. I understand that this information will be kept confidential. I further authorize my signature to be duplicated for purposes of this information request, and acknowledge that duplicate copies of this request are valid.

Applicant's Signature: _____ Date: _____