

Employment Status: _____

Employer: _____ Job Title: _____

Employer Address: _____
(Street) (City) (State) (Zip)

Employer Phone Number: _____

Community Service:

Are you here to complete community service hours? **YES**___ **NO**___ If yes, please indicate the number of hours you need to complete: _____ from (starting/ending dates) _____

What organization/individual referred you to Catholic Charities of North Louisiana to complete the hours?

May we contact them for further information if needed? **YES**___ **NO**___ Phone: _____

Previous Volunteer Experience:

Position	Agency/Organization	Dates
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References:

Please list two references that are **not directly related to you** whom we may contact:

Personal:	Name _____	Relationship _____
	Address _____	Phone _____
Business:	Name _____	Relationship _____
	Address _____	Phone _____

Preferences in Volunteering:

1. What time of the day are you interested in volunteering? (Please check all that apply.)

_____ Morning _____ Evening _____ Afternoon

2. How often would you like to volunteer? (Please check all that apply.)

_____ Daily _____ Weekly _____ Monthly
_____ Twice a Month _____ No Preference _____ Other _____

3. Please rank the activity(ies) with which you are most interested in volunteering. (If you have had practical experience with any, please also mark those with an asterisk *.)

_____ Administration/Office Support	_____ Cooking	_____ Public/Media Relations (photography, etc.)
_____ Carpentry, Painting (building maintenance)	_____ Fundraising	_____ Computers (system maintenance)
_____ Tutoring/Teaching (business etiquette, computers, life skills, Money School, etc.)	_____ Other (please specify) _____	

Please let us know if there is a current volunteer opportunity (as listed on our website) that is of specific interest to you. If so, please indicate here: _____

Emergency Information:

Please give the names of two people we may contact in case of an emergency:

1. Name: _____ Relationship: _____

Address: _____
(Street) (City) (State) (Zip)

Day Phone: _____ Evening Phone: _____

2. Name: _____ Relationship: _____

Address: _____
(Street) (City) (State) (Zip)

Day Phone: _____ Evening Phone: _____

Physician's Name: _____ Phone _____

May we notify your physician in case of an emergency? (Circle your answer.) **YES** **NO**

Additional Information:

As a volunteer for Catholic Charities of North Louisiana, you will be asked to comply with a Code of Confidentiality, and may be asked to undergo, a criminal history check and/or sex offender search depending upon the nature of the program. Are you comfortable with these requirements? **YES**____ **NO**____

If **NO**, please describe your concerns: _____

I agree that the information I have provided in this application has been supplied voluntarily, and understand it may be used and disclosed for Catholic Charities of North Louisiana purposes. I also understand and agree that as a volunteer I will not now, nor in the future, be paid for my services.

(Signature of Volunteer Candidate)

(Date)

Thank you for taking the time to complete this form. Please return to:
Catholic Charities of North Louisiana, Attention: Lucy Medvec
331 E. 71st Street, Shreveport, LA 71106 or fax to (318) 865-0230
or visit our web site: ccnla.org - Forms can be downloaded from the site.
For any immediate questions you can also email: imedvec@ccnla.org

Office use only:

Interview Date _____

Orientation Date _____

Church Affiliation _____

Program Placement _____

Volunteer Type _____