



VOLUNTEER APPLICATION

Thank you for your interest in volunteering with Catholic Charities of North Louisiana. Founded in 2010 and rooted in our faith traditions of charity and justice, Catholic Charities of North Louisiana supports individuals and families through social services and opportunities for healthy growth and development. To help achieve this, we need the help of committed, qualified volunteers.

Please give careful thought to this application. If a question does not apply to you, mark it "N/A". We will verify all information provided, and attempt to match you with a suitable opportunity that meets your interests. In the event that no volunteer position matches your qualifications, we will keep your application on file.

How did you hear about our volunteer program? _____

<u>Location for volunteering :</u>	Lake Providence	Monroe	Shreveport
<u>Have you completed the "Protecting God's Children" class?:</u>	Yes	No	

Personal Information:

Name: _____
 (Last) (First) (M.I.)

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

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Email: _____

Driver's License #/State: _____ Birthday (optional – month & day only) _____

Primary Language: _____ Secondary Language: _____

Church Affiliation _____ Secondary Language Skill Level: _____

Have you ever been convicted of a felony (excluding any sealed or expunged conviction)? **YES**____ **NO**____

If yes, please explain nature and date of conviction _____

(Please Note: A felony conviction does not necessarily bar an individual from volunteer service at Catholic Charities of North Louisiana. Each case is considered individually, based on the nature of the crime and specific requirements of the volunteer assignment.)

Education and Work Experience:

Highest level of education: _____

Are you currently a student? **YES**____ **NO**____ If **YES**, Major: _____

School Name/Location: _____

School & Grade (if under 18 years of age): _____

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 _____ Cooking _____ Public/Media Relations
Support (photography, etc.)

_____ Carpentry, Painting _____ Fundraising _____ Computers (system maintenance)
(building maintenance)

_____ Tutoring/Teaching _____ Other (please specify) _____
(business etiquette, computers, life skills, Money School, etc.)

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? **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: Development
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:

development@ccnla.org

Office use only:

Interview Date _____

Orientation Date _____

Church Affiliation _____

Program Placement _____

Volunteer Type _____