

902 Olive Street, Shreveport, LA 71104 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?				
Location for volunteering (circle	one): Lake Providence	Monroe	Shreveport		
Have you completed the "Protect	ting God's Children" class?	' (circle one):	Yes No		
Personal Information:					
Name:					
(Last)	(First)		(M.I.)		
Address: (Street)	(City)	(State)	(Zip)		
Home Phone: ()	Work Phon	ne: _ ()			
Cell Phone:()					
Driver's License #/State:	Birthday (op	otional – month & d	ay <u>only</u>)		
Primary Language:					
Church Affiliation	Secondary Language Skill Level:				
Have you ever been convicted of a feld	ony (excluding any sealed or expι	unged conviction)?	YES NO_		
If yes, please explain nature and date	of conviction				
(Please Note: A felony conviction doe Charities of North Louisiana. Each cas specific requirements of the volunteer	es not necessarily bar an individua se is considered individually, base	al from volunteer se	ervice at Catholic		
·	,				
Education and Work Experience Highest level of education:	<u>*:</u> 				
Are you currently a student? YES	NO If YES, Major:				
School Name/Location:					
School & Grade (if under 18 years of a	age):				

Employmen	t Status:					
Employer: _			Job Title:			
Employer A	ddress:					
Employer P	(Street hone Number:	t)	(City)	(State)	(Zip)	
Are you her hours you n	eed to complete:	nunity service hours? Y from rred you to Catholic Cha	(starting/ending da	tes)		
May we con	tact them for further i	nformation if needed?	res no	Phone:		
Previous \ Position	Volunteer Experie	nce: Agency/Organiza	ition	С	Pates	
Reference Please list to Personal:	wo references that are	e <mark>not directly related to y</mark>		contact: nship	_	
	Address		Phone			
Business:	Name		Relatio	Relationship		
	Address	dress		Phone		
Preference	es in Volunteering	<u>ı:</u>				
1. What tim	e of the day are you i	interested in volunteerin	g? (Please check a	ıll that apply.)		
Mor	rning	Evening		_ Afternoon		
2. How ofte	n would you like to vo	olunteer? (Please check	(all that apply.)			
Daily	/	Weekly	Mont	hly		
Twi	ce a Month	No Preference	Othe	r		
		ith which you are most in please also mark those		ering. (If you have h	nad	
Adn	ninistration/Office Support	Cooking	Public/Me (photo	dia Relations ography, etc.)		
	pentry, Painting aintenance)	Fundraising	Computers	s (system maintena	ance)	
Tuto (business e computers, Money Sch	life skills,	Other (please s	pecify)			

Emergency Information:			
Please give the names of two people	we may contact in	case of an emergency:	
1. Name:		Relationship:	
Address:			
(Street) Day Phone:	(City)	(State) Evening Phone:	(Zip)
2. Name:		Relationship:	
Address: (Street) Day Phone:	(City)	(State) Evening Phone:	(Zip)
Physician's Name:		Phone	
May we notify your physician in case	of an emergency?	(Circle your answer) VFS	NO
upon the nature of the program. Are y If NO , please describe your concerns:			_ NO
I agree that the information I have pro may be used and disclosed for Cathol that as a volunteer I will not now, nor in	lic Charities of Nort	ation has been supplied voluntar h Louisiana purposes. I also un	ily, and understand it
may be used and disclosed for Cathol	lic Charities of Nort in the future, be pai	ation has been supplied voluntar h Louisiana purposes. I also un	ily, and understand it
may be used and disclosed for Cathor that as a volunteer I will not now, nor in (Signature of Volunteer I will not that as a volunteer I will not now, nor in (Signature of Volunteer I will not now, nor in (Signature of Volunteer I will not now, nor in (Signature of Volunteer I will not now, nor in (Signature of Volunteer I will not now, nor in (Signature of Volunteer I will not now, nor in (Signature of Volunteer I will not now, nor in (Signature of Volunteer I will not now, nor in (Signature of Volunteer I will not now, nor in (Signature of Volunteer I will not now, nor in (Signature of Volunteer I will not now, nor in (Signature of Volunteer I will not now, nor in (Signature of Volunteer I will not now, nor in (Signature of Volunteer I will not now, nor in (Signature of Volunteer I will not now, nor in (Signature of Volunteer I will not now, nor in (Signature of Volunteer I will not now, nor in (Signature of Volunteer I will not now, nor in (Signature of Volunteer I will not now, nor in (Signature of Volunteer I will not now).	in the future, be paid unteer Candidate) time to complete this live Street, Shrevey or fax to (31 ccnla.org - Forms c	ation has been supplied voluntar h Louisiana purposes. I also un	ily, and understand it derstand and agree (Date) c Charities of (@ccnla.org

Please let us know if there is a current volunteer opportunity (as listed on our website) that is of specific interest