



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 - 902 Olive Street, Shreveport, LA 71104 Development@ccnla.org 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](mailto:development@ccnla.org)

**Office use only:**

Interview Date \_\_\_\_\_

Orientation Date \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Program Placement \_\_\_\_\_

Volunteer Type \_\_\_\_\_