

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 _____ Immigration _____ Public/Media Relations
(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: _____

To be eligible to serve at Catholic Charities of North Louisiana, please sign the attached copy of our Confidentiality Guidelines and complete the attached Background Check Release Form.m.

Important:

You must also complete the **Protecting God's Children** class through the Diocese of Shreveport and ongoing safe environment training through Virtus.org. The class is offered online and periodically in person. Please register on Virtus.org under the Shreveport, LA Diocese location and complete the class at your earliest convenience.

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
902 Olive Street, Shreveport, LA 71104
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:
jwoods@ccnla.org

Office use only:

Interview Date _____
Orientation Date _____
Church Affiliation _____

Program Placement _____
Volunteer Type _____



CONFIDENTIALITY GUIDELINES

Respect for confidentiality is an important ethical principle that guides all of Catholic Charities activities and provisions of service to clients. The agency strives to protect the privacy of the relationships established with clients, employees, volunteers and other related groups. This means that the identity and records of clients recognized at Catholic Charities are to be protected. If one encounters someone known, it is preferable to let that person greet you first, as he/she may not wish to acknowledge knowing you. Encounters with persons who are clients and identifying information about clients should not be discussed except with Catholic Charities staff members or other volunteers and only when the work requires it.

What is seen or heard here must stay here.

In addition to moral and ethical demands for confidentiality, identifying information about clients is protected by Federal regulations, including 42 CFR, Part II, which applies to information about alcohol and drug abuse clients. Catholic Charities complies with all of these federal regulations. The fine for wrongful release of such information can be \$5,000 or more.

I have read and understand Catholic Charities' Confidentiality Guidelines as stated above and agree to abide by them.

I also hereby certify that the facts set forth in my application are true and complete to the best of my knowledge.

Signature _____ Date _____

Printed name _____

DIOCESE OF SHREVEPORT

Volunteer SCREENING RELEASE FORM

Please fill out only one form. Duplicate forms could cause duplicate charge to your location

APPLICANT Please Print	NAME: <i>Last</i> _____ <i>First</i> _____ <i>Middle</i> _____
	OTHER NAME(S) USED: _____
	PRESENT ADDRESS: _____
	CITY: _____ STATE: _____ ZIP: _____ PHONE: () _____
	SOCIAL SECURITY #: _____ - _____ - _____
	DATE OF BIRTH: ____ / ____ / ____
	EMPLOYMENT/VOLUNTEER LOCATION: _____
JOB TITLE/POSITION: _____	
DRIVERS LICENSE # & STATE (REQUIRED FOR MVR SEARCH): _____ STATE: _____	

These fields are required to run the background check.

APPLICANT Read Carefully and Sign →	AUTHORIZATION TO RELEASE CRIMINAL HISTORY INFORMATION REPORTS, PRIVATE COMPANIES' DISHONESTY, DRUG OFFENSE OR VIOLENCE REPORTS, OR CREDIT BUREAU REPORTS or MOTOR VEHICLE REPORTS. For and in consideration of my being considered for employment, I hereby authorize the Diocese of Shreveport ("Employer") to make inquiries to United States Mutual Association (USMA), a consumer reporting agency, or any consumer reporting agency (CRA), concerning my employment suitability and qualification; including: (i) any public record of any arrest or convictions for crimes of violence or dishonesty; (ii) any incidents of employment dishonesty, retail theft, or other employment related acts of dishonesty, violence or drug related offenses reported to USMA or any other CRA, by any merchant or employer where such acts occurred; or (iii) any credit bureau reports; or (iv) department of motor vehicle reports. I further authorize any governmental agency where such arrest or conviction information is on file, or any company ("Prior Company") where such incident or credit transaction occurred, and USMA, or any other CRA to disseminate such report(s) to Employer. During any period(s) while I may be employed by Employer, I hereby authorize Employer to make further like inquiries to USMA or any other CRA as Employer may, from time to time, deem necessary for employment purposes. I also hereby authorize USMA or any other CRA, any such governmental agency, any such credit bureau, and such Prior Company to issue such reports in response to Employer's inquiry(ies). I waive any further notice with respect to Employer's inquiries or with respect to such governmental agency's, such Prior Company's, such credit bureau's, USMA's, or any other CRA's, dissemination of any such report(s). I hereby generally release and fully discharge Employer, USMA and any other CRA, every such governmental agency, any such credit bureau, and such Prior Company from and against any and all liability with respect to, or arising from, the release or dissemination of any such information for such purposes. I understand and agree that my employment, promotion, or retention may be determined, in whole or in part, based on the report(s) so issued to Employer by USMA or any other CRA. I have been informed and I understand that I will be provided a copy of such report and that I may dispute the accuracy or completeness of the information reported to Employer by writing or calling USMA at the address or telephone number listed below or the applicable Consumer Reporting Agency.
	_____ Signature of Applicant (X) _____ Date Signed

REQUIRED Mandatory Please Print	EMPLOYER/COMPANY: Diocese of Shreveport CCNLA Unit # ___
	INTERVIEWER: _____ PHONE: () _____ Ext. _____
	Company's Certification: Employer hereby certifies to United States Mutual Association (USMA) that it is requesting a consumer report(s) on the applicant named above and that Employer will use the report(s) <u>only</u> for employment purposes.

Screening Services Requested: To be completed by requestor

7 Year Criminal Record Search <input checked="" type="checkbox"/>	Credit Report <input type="checkbox"/>
Motor Vehicle Report (MVR) <input type="checkbox"/>	Sex Offender Search <input checked="" type="checkbox"/>
Is this individual a current Employee/Volunteer? _____	