



CATHOLIC
CHARITIES
COMMUNITY
SERVICES

Providing Help. Creating Hope.

Volunteer Application Form

Personal Data

Name _____

Address _____

City _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email Address _____

Emergency Contact

Name _____ Relationship _____

Address _____

Home Phone: _____ Cell Phone: _____

Work/Volunteer Experience

Special Skills

Do you speak other languages? Spanish Creole Other (specify language)

Computer skills _____

Other skills _____

References

Personal:

Name _____ Relationship _____

Address _____

Home Phone: _____ Work Phone: _____

Professional:

Name _____ Relationship _____

Address _____

Home Phone: _____ Work Phone: _____

Volunteers:

Please check any that are of interest to you.

Food Pantry:

- _____ Distributing food
- _____ Packing food bags
- _____ Organizing pantry shelves
- _____ Assisting with food drives
- _____ Driving trucks for monthly food pick up

Social Services:

- _____ Assist with Special Events & Holiday Events

Other:

- _____ Fundraising
- _____ Mailings
- _____ Clerical/Office assistance

Days and Hours Available _____

Signature

Date Completed