

Catholic Charities Volunteer Service Corps



Volunteer Application

Our organization encourages the participation of volunteers who support our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you.

Name: _____
Street Address: _____ City: _____ State: _____ Zip _____ Home
Phone: _____ E-mail: _____
Work Phone: _____ Cell Phone: _____
Occupation: _____ Employer: _____
Birthday: _____ Are you a veteran? _____
Do you have access to transportation? _____

How did you hear about us?

Why are you interested in volunteering with the Catholic Charities Volunteer Service Corps? Include if this is for a school internship, court ordered or school community service. If this is for a school internship, please provide the name of the school and advisor name and contact information:

How many hours per week do you want to volunteer and for what period of time?

Please list the times that you will be available to volunteer in the chart below:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours						

What do you hope to gain from your experience at the Catholic Charities Volunteer Service Corps?

What skills, training, or knowledge do you have that will assist in volunteering?

Please check the kind of volunteer work you would be willing to do to benefit the Catholic Charities Volunteer Service Corps:

- | | |
|--|---|
| <input type="checkbox"/> Answering Phones | <input type="checkbox"/> Database Management |
| <input type="checkbox"/> Teach ESL | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Data Entry/Word Processing | <input type="checkbox"/> Recruitment/Outreach |
| <input type="checkbox"/> Insurance Knowledge | <input type="checkbox"/> Organizing |
| <input type="checkbox"/> Development/Training | <input type="checkbox"/> Translation/Interpretation |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Financial Knowledge |
| <input type="checkbox"/> Grant writing | <input type="checkbox"/> Volunteer Coordinator/Leader |
| <input type="checkbox"/> Marketing/Publicity/Advertising | <input type="checkbox"/> Recovery Coaching |
| <input type="checkbox"/> Copying/Filing/General Office | <input type="checkbox"/> Visiting/Calling Elderly |
| <input type="checkbox"/> Social Media Management | <input type="checkbox"/> Client Intake |
| <input type="checkbox"/> Camera Work | Other _____ |

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position, with the Catholic Charities and Social Ministry that is true, correct, and complete to the best of my knowledge. I certify that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that a background check might be run prior to my involvement as a volunteer. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a position or my termination as a volunteer.

Signature _____ Date _____

Parental Permission (If under 18 years of age)

This section is required for any person under the age of 18 in order to be considered as a volunteer with the Catholic Charities Volunteer Service Corps.

I, _____, agree to that my child _____
PRINT NAME OF PARENT OR GUARDIAN PRINT NAME OF MINOR

May participate as a Volunteer for the Catholic Charities and Social Ministry, I have read and understood all the volunteer information provided. I will be responsible for the transportation of my child to and from volunteer jobs and events.

Signature _____ Date _____

**DIOCESE OF PROVIDENCE
SAINT MATTHIAS MINISTRY
VOLUNTEER RECOVERY COACH SCREENING**

**Catholic Charities Volunteer Service Corps
Supplemental Recovery Coach Application**

RELEVANT EXPERIENCE (education, employment, volunteering):

DO YOU SPEAK ANY OTHER LANGUAGES? If so, what level?

DO YOU HAVE A PERSONAL HISTORY OF SUBSTANCE RELATED PROBLEMS?

Yes _____ No _____

If yes, how long have you been sober? _____

For verification, who may we contact? _____

Name: _____ **Phone number(s):** _____

HAVE YOU EVER LIVED WITH OR SUPPORTED ANYONE IN RECOVERY?

Yes _____ No _____

What difference do you think you made for this person? _____

**WHAT PERSONALITY TRAITS DO YOU THINK WILL HELP YOU BE A GOOD
RECOVERY COACH?**

ANY AREAS THAT CONCERN YOU ABOUT BEING A RECOVERY COACH?

ADDITIONAL COMMENTS:

APPLICANT SIGNATURE: _____ **DATE:** _____