

Catholic Charities

Volunteer Service Corps

Volunteer Application for Friendly Visitor Program

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: _____ Cell Phone _____ E-mail: _____

Occupation: _____ Employer: _____

Emergency Contact Name: _____ Phone: _____

How did you hear about the Neighborhood Friendly Visitor Program?

Do you belong to a church or synagogue? ___ Yes ___ No

If yes, name and location: _____

Why are you interested in volunteering with our program?

If this is for a school internship, please provide the name of the school and advisor name and contact information:

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

What previous experience, if any, have you had with the Catholic Charities Volunteer Service Corps?

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

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours						

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

Have you ever worked with older people? Yes _____ No _____

Do you have access to transportation? Yes _____ No _____

Do you speak a language other than English? Yes _____ No _____

If yes, what language (s): _____

What are your preferences in visiting (check all that apply)

Male _____ Female _____ Homebound _____ Nursing Home _____ Assisted Living _____

Other _____ Preferred Location (s) (City/Town) _____

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 and in interviews with the Catholic Charities and Social Ministry that is true, correct, and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by the Catholic Charities Social Ministry. 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 AGE

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 _____

Please attach a BCI Report with your application:

You may obtain a report from the **Attorney General's Office in Providence or your local Police Department**. You will need a state id or driver's license and a check or money order (the General Attorney's office is a \$5 check made out to BCI, local police departments vary).

Notice: All BCI records are confidential Law-Enforcement Documents. However, these records can be released as follows:

By Mail: 150 South Main Street Providence, RI 02903

A signed and notarized release for information

A copy of photo identification attached to release

One of the following

State Issued Driver's License

State Issued Identification Card

Passport

Check or money order (NO CASH) for \$5.00 payable to BCI

A self-addressed stamped envelope for return.

PLEASE ALLOW 7 BUSINESS DAYS FOR RETURN

In Person: At BCI desk, 150 South Main

One of the following:

State Issued Driver's License

State Issued Identification Card

Passport

Check or money order (NO CASH) for \$5.00 payable to BCI

Please call if you have any questions about the position or the application process and return completed application to:

Linda A'Vant-Deishinni, Outreach Coordinator, 421-7833X228

Lavant-deishinni@dioceseofprovidence.org

Diocese of Providence Office of Community Services

And Catholic Charities

One Cathedral Square

Providence, RI 02903

Thank you