



VOLUNTEER APPLICATION

Catholic Charities - Diocese of Stockton

San Joaquin **Stanislaus** **Mother Lode**

(PLEASE CHECK ONE FOR LOCATION)

PROJECT VOLUNTEER **ON-GOING VOLUNTEER**

(PLEASE CHECK ONE)

PLEASE PRINT YOUR INFORMATION

YOUR NAME:	EMERGENCY CONTACT NAME: (SPOUSE/CHILDREN/FRIEND)
VOLUNTEER POSITION(S)	TELEPHONE(S): HOME PHONE:
BUSINESS PHONE:	CELL PHONE:
E-MAIL ADDRESS:	OTHER CONTACT INFO:
MAILING ADDRESS:	CITY/STATE/ZIP:
WEEKDAYS AVAILABLE (PLEASE CIRCLE ALL THAT APPLY) M T W TH F S	HOURS AVAILABLE:
If you prefer your time to be flexible, list here when/how often you would be able to volunteer (PLEASE BE AS SPECIFIC AS POSSIBLE):	

Please attach additional sheets if necessary

Have you ever been employed or volunteered at Catholic Charities previously? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, where and when:	Birthday: _____ Month Day Year
Are you able to perform the essential functions of the volunteer work for which you are applying either with or without reasonable accommodations? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, describe the functions that cannot be performed:	
Some volunteer opportunities require training to complete. Will you be able to attend this training if required? Yes <input type="checkbox"/> No <input type="checkbox"/>	

PLEASE READ CAREFULLY AND SIGN BELOW:

I certify that I have not knowingly withheld any information that might affect my ability to volunteer. I understand that, if I am a volunteer, any false or misleading information provided in my application or interview(s) may result in termination from this ministry.

I am willing to give a reference(s) and authorize the Director or delegate to check my reference(s). I release the Diocese of Stockton and Catholic Charities of Stockton, and all other persons from any and all claims, demands or liabilities arising out of or in any way related to such information or disclosure.

I agree to be fingerprinted for a Criminal Record Summary. I agree to uphold the policies and procedures of this ministry, including the commitment to maintain confidentiality about all appropriate matters, material, or information. I understand that, if chosen for this ministry, it is not for a definite period of time. The Director or their delegate may terminate my work in this ministry at any time.

Volunteer's Signature

Date

PLEASE LIST AT LEAST ONE OR PREFERABLY TWO REFERENCES BELOW

References (*not related to you*):

Name:	Home Phone
Business Phone	Cell Phone
E-Mail Address:	Other Contact Info
Address	City/State/Zip
Relationship to you:	

Name:	Home Phone
Business Phone	Cell Phone
E-Mail Address:	Other Contact Info
Address	City/State/Zip
Relationship to you:	