

VOLUNTEER APPLICATION

Date _____

Name _____

Phone _____

Address _____

Work # _____

May we call at work? _____

Best time to call _____

Date of Birth _____

SS # _____

What made you choose Catholic Charities for your volunteer experience? _____

Have you volunteered in the past? (If yes, what agencies?) _____

What type of volunteer work do you enjoy? (If you have volunteered for other agencies, what was the most fulfilling part of your volunteer experience?) _____

Do you have your own transportation? _____

Valid drivers license and proof of insurance? _____

Describe the part of Dane County or the City of Madison in which you would travel to volunteer:

Are you willing to receive training? _____

Please check available times for volunteering

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
AM ___	AM ___	AM ___	AM ___	AM ___	AM ___	AM ___
PM ___	PM ___	PM ___	PM ___	PM ___	PM ___	PM ___
EV ___	EV ___	EV ___	EV ___	EV ___	EV ___	EV ___

Do you have any restrictions that would impact your volunteer activities? (Allergies, pets,

smoke, other?) _____

Please provide the name address and phone number of three objective references. Please do not include relatives. Examples of sources are priests, ministers, employers, co-workers.

NAME: _____ PHONE # (day) _____
ADDRESS: _____
RELATIONSHIP: _____

NAME: _____ PHONE # (day) _____
ADDRESS: _____
RELATIONSHIP: _____

NAME _____ PHONE # (day) _____
ADDRESS: _____
RELATIONSHIP: _____

Please share information about yourself that will help us identify the type of volunteer work you would most enjoy. Please include any educational achievements, work experiences or special training you have that would be useful for volunteering. Include hobbies, special interests, and special talents. Also indicate what type of person you would most enjoy; male, female, talkative, quiet, spiritual, etc. You may add another page if necessary.



CATHOLIC CHARITIES, INC.

AGING SERVICES

ELDER MENTOR PROGRAM

VOLUNTEER APPLICATION FORM