



Catholic Charities of Santa Clara County

2625 Zanker Road
San Jose, CA 95134
Main Phone: 408-468-0100
E-mail:
volunteer@catholiccharitiesscc.org

VOLUNTEER APPLICATION

Volunteer Coordinator:

Program Name:

PERSONAL INFORMATION

Last Name: First Name:

Street Address City State Zip Code

Home Phone: Cell Phone: Email Address: Church Affiliation (Optional):

Gender: Male Female

Are you Employed? No Yes Title: Full time Part time Looking for a job Retired Student

NOTE: Please check to see if your employer will match your volunteer hours

Employer Name Address City

Work Phone: Work email:

FOR VOLUNTEER YOUNGER THAN 18, ONLY:

Middle or High School: Grade:

PREVIOUS VOLUNTEER EXPERIENCE

Do you have previous volunteer experience? If so, where did you volunteer and what did you do?

VOLUNTEER AVAILABILITY

MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY	
From	To	From	To	From	To	From	To	From	To	From	To	From	To

SKILLS AND INTERESTS

Languages (other than English):
Professional Licensing or Degrees you hold:
Hobbies/Interests/Special Skills:

REFERENCES

(List two references other than family members whom we might contact)

Name: Address: Phone number: Relationship:

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THE VOLUNTEER OPPORTUNITY THAT INTERESTS ME IS:

Volunteer Opportunities are listed on the web site: www.catholiccharitiesscc.org
Click on "Volunteer" and then on "Volunteer Opportunities"

HOW DID YOU HEAR ABOUT US?

CC Employee	Employer	School
CC Website	Internet	Friend:
Church	Job Fair/Community Fair	Other:

BACKGROUND INFORMATION

Because the nature of our services requires us to work with vulnerable population, Catholic Charities requires volunteers and staff to undergo a background investigation, as a matter of policy.

Have you ever been convicted of a felony Yes No
 If yes, please explain

APPLICANT'S AGREEMENT

- If I become a volunteer, I understand that that my volunteering is terminable at will, either by Catholic Charities or me, regardless of the length of my volunteering.
- I understand if I am selected for a volunteer assignment I will need to provide additional background information including a background check, fingerprinting or other program specific requirements.
- I give permission for any photograph, video, or audio of myself, obtained during volunteer activities, to be used in informational material and for publicity, training and promotional purposes without compensation for Catholic Charities of Santa Clara County and/or its partners.
- I understand that any misrepresentation or omissions on this application may be considered sufficient cause for rejection of this application. By signing this form I agree that the statements and conditions above are true and correct.

<i>Volunteer Signature</i>	<i>Print Name</i>	<i>Date</i>

IF UNDER 18, signature of Parent or Legal Guardian required.

<i>Parent or Legal Guardian</i>	<i>Print Name</i>	<i>Date</i>

Please mail this completed application to:
 Catholic Charities Volunteer Program
 2625 Zanker Road
 San Jose, CA 95134

Thank you for your interest in our mission to cut poverty in Santa Clara County!

OFFICE USE ONLY

Application received:	
Application scanned and sent:	