



# Catholic Charities Volunteer Application

Please complete the following application and return to Catholic Charities, Attn: Human Resources, 3501 S. Lake Drive, Milwaukee, WI 53207, email to [humanresources@ccmke.org](mailto:humanresources@ccmke.org) or fax to 866-290-4666. Please call 414-769-3400 with any questions. Please attach a resume if you would like to share your specific skills and experience.

Date: \_\_\_\_\_

## Personal Information

First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Last Name: \_\_\_\_\_

Current Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone ( \_\_\_\_\_ ) \_\_\_\_\_  Ok to call

Evening Phone ( \_\_\_\_\_ ) \_\_\_\_\_  Ok to call

Email Address \_\_\_\_\_ Birthday (month/day): \_\_\_\_\_

How did you hear about Catholic Charities volunteer opportunities? \_\_\_\_\_

\_\_\_\_\_

## Interests, Skills, and Availability

Are you currently enrolled in school?  Yes  No School: \_\_\_\_\_

Are you currently employed?  Yes  No Employer: \_\_\_\_\_

Please list any parishes, churches, community affiliations, or organizations you currently belong to: \_\_\_\_\_

\_\_\_\_\_

Please describe the type of volunteer work you are interested in doing:

\_\_\_\_\_

\_\_\_\_\_

Why do you want to volunteer with Catholic Charities?

\_\_\_\_\_

\_\_\_\_\_

Are you looking for a volunteer assignment that is:  ongoing or  occasional

How long are you able to commit to?  0-3 months  3-6 months  6+ months  other: \_\_\_\_\_

How frequently would you like to volunteer?  1-2 times/week  1-2 times/month  other: \_\_\_\_\_

Please list the days/ times which you are available to volunteer. Please write-in the corresponding time span.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							

### Emergency Contact Information

First and Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Alt. phone number: (\_\_\_\_\_) \_\_\_\_\_

### Personal References

Please list three references that are not related to you that we may contact.

1. Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

Telephone #: (\_\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

Telephone #: (\_\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

Telephone #: (\_\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

### Criminal Background Information

(Answering yes does not automatically prohibit services. Each case as well as actions taken will be on a case by case basis)

Have you ever been convicted of a crime?  Yes  No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

### Affirmation and Release

I certify that the information on this application is correct and may be investigated. I understand that if in the judgment of Catholic Charities, any information has been misrepresented, falsified or omitted, any offer of volunteer assignment may be withdrawn or any volunteer activities terminated without obligation or liability on the part of the agency. I understand that an investigation may be made of my employment, volunteer, and personal history to arrive at a decision about my volunteer status. I hereby release from all liability or responsibility, all persons, companies, schools, agencies furnishing such information. I understand that questions in regards to volunteer work, employment, ability, character, medical and emotional background and, if applicable, driving history will be used in the evaluation of my qualifications for any position for which I am considered.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Guardian's Signature (If applicant is under the age of 18)

\_\_\_\_\_  
Date