



# CATHOLIC CHARITIES VOLUNTEER INFORMATION

**PLEASE PRINT CLEARLY**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY ZIP

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_ CELL PHONE \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

**PROGRAM INTEREST** Please indicate the program most interested in by placing "1" in the corresponding box, "2" for the next up to "4" selections.

Helping at CCCF:  Clerical Assistance  Food Pantry  Maintenance Assistance  Landscaping/Painting  Children Activities

Pathways to Care:  Clerical  Kitchen Assistance  Spiritual Guidance  Landscaping/Painting  Event/Activity for residents

Community Outreach:  Fundraising  Disaster Relief  Health Clinic  Senior Center -Lakeland  Food Bank-Lakeland  Assist with volunteer Fairs/recruitment  Assist at Charitable Events

Immigration and Refugee Services:  Tutor/Mentor Youth Program  Driver/Pick-up/Delivery of Donations  Clerical Assistance

Other: \_\_\_\_\_

## **VOLUNTEER INFORMATION**

Are you fulfilling court ordred community service hours?  YES  NO

Number of hours required by the Court: \_\_\_\_\_ Date for DEADLINE for completion of hours: \_\_\_\_\_

List your skills, abilities, other languages and experience:: \_\_\_\_\_

Are you able to use multi-line phones?  YES  NO Computer?  YES  NO Familiar with internet?  YES  NO

Which programs? Excel \_\_\_\_\_ Word \_\_\_\_\_ Outlook \_\_\_\_\_ Access \_\_\_\_\_ PowerPoint \_\_\_\_\_ Publisher \_\_\_\_\_ Other \_\_\_\_\_

Days of the week and times that you are available to share your time and talents:: \_\_\_\_\_

Have you ever been a volunteer in the past?  YES  NO If yes, where and when? \_\_\_\_\_

What did you do there? \_\_\_\_\_

Are you currently volunteering anywhere else?  YES  NO If yes, where and what is your schedule and duties there? \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employers Address: \_\_\_\_\_ Phone \_\_\_\_\_

Hours and days that you are working: \_\_\_\_\_  Days  Evenings  Weekends

Length of employment: \_\_\_\_\_

**IF YOU ARE RETIRED, what is your previous work experience?**

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

**STUDENT INFORMATION**

School attending: \_\_\_\_\_ Grade/Year \_\_\_\_\_

Are your hours required?  YES  NO Why:  Scholarship  Service Learning Hours  Pro-Bono Hours

Non-paid Internship

Number of hours required: \_\_\_\_\_ Date for DEADLINE for completion of hours: \_\_\_\_\_

**PERSONAL INFORMATION**

List any disabilities, health problems, restrictions, medications, etc: \_\_\_\_\_

Marital Status:  Single  Married  Divorced Ethnicity:  Caucasian  Hispanic  African American /Haitian  Asian

Native American Indian  Other \_\_\_\_\_

Are you currently on Workers' Compensation?  YES  NO

**In case of emergency notify:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **City & State:** \_\_\_\_\_

**This person may be reached at: PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

MEMBERSHIPS: (church, clubs, organizations, sororities, fraternities, professional associations, etc.) \_\_\_\_\_

**If your volunteer service requires the use of a personal car in the transport of clients, proof of liability insurance and a Florida Department of Public Safety Driving Record Check is required prior to service.**

Are you an insured motorist?  YES  NO Insured by: \_\_\_\_\_

Are you willing to use your personal vehicle for agency business?  YES  NO

Do you have a valid Florida Driver's License?  YES  NO FL Drivers License Number \_\_\_\_\_

ADDITIONAL COMMENTS YOU WOULD LIKE TO MAKE: \_\_\_\_\_

Thank you for taking the time to complete this form. All information is confidential and assists in our record keeping.

SIGNATURE: \_\_\_\_\_

INTERVIEWED By \_\_\_\_\_

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

Interview Comments: \_\_\_\_\_