



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 and so on. Number all that apply.

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

Pathways to Care: Receptionist/Clerical Kitchen Assistance Spiritual Guidance Landscaping/Painting

Community Outreach: Fundraising Disaster Relief Prison and Jail Ministry Health Clinic

Senior Center Food Bank Assist with volunteer Fairs/recruitment Assist at Charitable Events

Immigration and Refugee Services: Immigrant Family Mentor 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: _____

Are your hours required? YES NO Why: _____

Number of hours required: _____ Date for DEADLINE for completion of hours: _____

PERSONAL INFORMATION

List any disabilities, health problems, restrictions, medications, etc: _____

Marital Statuus: 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: _____