



Catholic Charities
of Northern Nevada

Volunteer Application

First Name _____ Last Name _____ Date of Birth _____

Address _____ City, State, Zip _____

Phone (Home) _____ (Cell) _____

Email _____

Why are you volunteering? Please circle one:

Love your mission Internship Service Learning School community service

Court ordered community service CWEP AARP

Required completion date? How many hours?

Education		
College	Major	Grad date
High School		Grad date
Trade or Technical School	Area of study	Grad date

Current Employer
Company address Phone
Job title and description

Do you speak another language? _____ Which ones? _____

What computer programs are you familiar with? _____

Are you physically able to lift 20 lbs? _____

Do you have any physical limitations eg. walking, standing, sitting? _____

Have you ever been convicted of a felony? Yes No

Please explain _____

Will you submit to a background check if asked? Yes No

(Please Turn Over)

References

Name	Relationship	Phone
1. _____		
2. _____		

Area of interest- which program would you like to participate in if possible?

Please circle one:

- | | | | |
|-----------------|-------------|----------------------|----------------|
| Thrift Store | Food Pantry | Dining Room | Maintenance |
| Immigration | Adoption | Emergency Assistance | |
| Kids to Seniors | Holy Child | Residence | Administration |

Availability

What days and times are you able to volunteer? _____

Is this an ongoing commitment? Yes No

If temporary, start date _____ end date _____

Emergency Contact

Name	Phone	Relationship

Any other things we should know about you?

I hereby give Catholic Charities my permission to keep my information on file and contact my references

Signature _____ Date _____

Parent Signature
(if under 18) _____ Date _____

All people interested in volunteering must call the volunteer coordinator at 322-7073 ext 238 to schedule a personal interview.