



Together we respond to unmet human needs so all can thrive

Contact: Lisa Z. Ross, Director of Community Outreach and Engagement, 775-322-7073 ext. 235

Mr/Mrs/Ms/Dr First Name M.I. Last Name

Address City/State/Zip

Phone Cell Phone

Email Birthdate

How do you identify yourself? F/M/ \_\_\_\_\_

Why are you volunteering? Please circle one:

From the Heart Service Learning/Internship School Community Service
Court ordered community service CWEP AARP Voc Rehab
Other: \_\_\_\_\_ School: \_\_\_\_\_

Required completion date? \_\_\_\_\_ How many hours? \_\_\_\_\_

Table with 3 columns: 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 one? \_\_\_\_\_

What computer programs are you familiar with? \_\_\_\_\_

Are you physically able to lift 20 lbs? \_\_\_\_\_

Do you have any physical limitations, e.g. 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

**References:**

Name	Relationship	Phone
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\_\_\_\_\_

**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	Relationship	Phone
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\_\_\_\_\_

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 \_\_\_\_\_

Everyone interested in volunteering must call the Director of Community Outreach at (775) 322-7073 ext. 235 to schedule an orientation (Held Tuesdays at 2:00 pm and Fridays at 3:30 pm at Catholic Charities Thrift Store, 500 E. Fourth Street (at Valley Blvd.) Reno, NV 89512.)