



Catholic Charities of Corpus Christi, Inc.
 1322 Comanche
 Corpus Christi, Texas 78401
 Ph: (361)884-0651 Fax: (361)884-3956

**VOLUNTEER
 APPLICATION**

Date:		
First Name:	Middle:	Last Name:
Home Address:		
City:	State:	Zip Code:
Home Telephone: ()		Date of Birth:
Work Telephone: ()		Social Security:
Cellular Telephone: ()		E-mail Address:
Are you currently employed? <input type="checkbox"/> Yes (If yes, please complete information below) <input type="checkbox"/> No		
Employer:		Address:
Describe job duties:		
PROGRAM INTEREST: (Please check all that apply) <input type="checkbox"/> Emergency Aid <input type="checkbox"/> Representative Payee <input type="checkbox"/> Immigration/Refugee Services <input type="checkbox"/> Office for Persons with Disability <input type="checkbox"/> Family Counseling <input type="checkbox"/> Housing Counseling/Family Self-Sufficiency Mother Teresa Shelter, Inc. Reception		

Do you have any limitations that would impair your ability to perform as a volunteer?
 Yes (If yes, please explain) No

VOLUNTEER EXPERIENCE (List current or previous volunteer activities you have been involved with):		
Name of Volunteer Program	Type of Duties Performed	Date
1.		
2.		
3.		
Is there a particular type of assignment or volunteer duty you would prefer to do? (please explain)		
List languages <i>spoken</i> other than English		List languages <i>written</i> other than English

If you are interested in serving as a volunteer interpreter, please check the one of interest:

Sign Language Braille

Have you ever been convicted of a crime? Yes (If yes, please explain below) No

(The existence of a criminal record does not constitute an automatic bar to volunteering)

EDUCATION					
High School Diploma: <input type="checkbox"/> Yes <input type="checkbox"/> No Year: _____			University/College Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No Year: _____		
List any other training, certifications, or professional licenses completed: _____ _____					
VOLUNTEER SHIFTS (Please check the shift(s) and day(s) you are available to volunteer):					
Shift Times	Monday	Tuesday	Wednesday	Thursday	Friday
8:00a.m. – 10:00a.m.					
10:00a.m. – 12:00p.m.					
12:00p.m. – 2:00p.m.					
2:00p.m. – 4:00p.m.					
EMERGENCY CONTACT INFORMATION:					
Name:			Relationship:		
Home Telephone:			Work Telephone:		
REFERENCES: *Cmcepf kf cvgu'y kndg't gs wlt gf 'vq'wvf gt i q'f t wi 't'pf 't'et lo kpcnj kwqt { 'tet ggplpi +'					
Name:		Relationship:		Telephone:	
Name:		Relationship:		Telephone:	
Name:		Relationship:		Telephone:	

APPLICANT'S STATEMENT AND AUTHORIZATION TO RELEASE

I certify that all of the above information is correct and true to the best of my knowledge. I further understand that false or misleading information may be grounds for rejection of my application. I hereby give Catholic Charities of Corpus Christi, Inc. permission to conduct a background check as well as contact any of my references. I hereby acknowledge that I have read and understand the above statements.

Signature of Volunteer

Date