



Individual Registration

(interns, volunteers, workstudy)

Date _____

Name _____ Birthdate (mm/yyyy) _____

Address _____

City/State/Zip code: _____

Home Phone _____ Cell Phone _____

E-mail Address _____

How would you like to be contacted? e-mail phone

Program you want to volunteer in _____

Position you are applying for _____

Specific Skills you want to use if applicable (electrician, legal, medical, meal prep, gardening, event planning, etc.)

Please list all spoken languages _____

Please list any special physical/language accommodations that we should be aware of:

Are you volunteering for school church community service service learning
 business _____ other _____

If so, how many hours are required? _____ Required completion date? _____

How did you find out about Catholic Charities? website current volunteer school church
 employee use of services other _____

I certify that the information provided in this application is true and correct to the best of my knowledge.

Signature _____ Date _____

Your signature indicates your permission for Catholic Charities to conduct preliminary screening if applicable. Opportunities are provided solely on individual merit of applicants related to specific volunteer assignment requirements and without regard to race, color, creed, religion, national origin, sex, marital status, familial status, disability, public assistance, age, or sexual orientation.

Internal Use Only - initial and date when complete				
Program placement	Program contact	Start date		