



Refugee Resettlement Program

Please Contact: Jeanne Toal/ Refugee Resettlement Assistant Manger

Email: jtoal@catholiccharitiesoregon.org

Phone: 503-688-2683 direct line

Address:

Catholic Charities
Clark Family Center
Third Floor
2740 SE Powell Blvd.
Portland, Oregon 97202

APPLICATION FOR VOLUNTEER SERVICE

Please fill out the following questionnaire as completely as you are able and submit to Jeanne Toal, Refugee Resettlement Program Assistant Manager. Information about the Refugee Program is available on our website, www.catholiccharitiesoregon.org and on [Facebook](#)

Applicant's name: _____ Today's date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Days): () _____ Phone (Eves.): () _____

Email: _____

How did you become interested in volunteering with the Refugee Program? _____

Parish / Church Name: _____

What days of the week/time of day are you willing to volunteer?

(Circle all that apply) **Sun.** **Mon.** **Tues.** **Wed.** **Thurs.** **Fri.** **Sat.**

Mornings

Afternoons

Evenings

Please list the name and contact information of a person we may reach in case of an emergency:

Name: _____ How related? _____

Address: _____
City: _____ State: _____ Zip: _____ Phone
(Days): () _____ Phone (Eves.): () _____

Please list two (2) references, business or personal associates not related to you:

Reference #1
Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone: () _____

Reference #2
Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone: () _____

The following questions will give the program staff a better idea of the kind of volunteer experience you are looking for and any special skills you may be able to offer. Please include any information you feel may be of value.

Do you have any prior volunteer experience? _____

Do you speak any language(s) other than English? _____

Do you have any skills, abilities or training of special benefit to the volunteer activities of the Refugee Program? _____

Additional information: _____
