



Mail: 2740 SE Powell Blvd. Portland, OR 97202
Phone: (503) 231-4866 / **Fax:** (503) 231-4327

APPLICATION FOR VOLUNTEER SERVICE

Please fill out the following questionnaire as completely as you are able and submit to the program of your choice. Information about our programs is available on our website.

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

Address: _____

City: _____ State: _____ Zip: _____

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

Email: _____

How did you become interested in volunteering with Catholic Charities? _____

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:

<p>Reference #1</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____ Phone: (____) _____</p> <p>Reference #2</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____ Phone: (____) _____</p>

The following questions will give our 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.

<p>Do you have any prior volunteer experience? _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Do you speak any language(s) other than English? _____</p> <p>Do you have any skills, abilities or training that would be of special benefit to the volunteer activities of Catholic Charities? _____</p> <p>_____</p> <p>_____</p> <p>Additional information: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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