



**Catholic Charities**  
of Los Angeles, Inc.

Mission Statement  
*Catholic Charities is committed to manifesting Christ's spirit by collaborating with diverse communities, providing services to the poor and vulnerable, promoting human dignity, and advocating for social justice.*

## Volunteer Application

### Applicant Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_

*City* *State* *ZIP Code*

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
*Name* *Relationship* *Phone*

Email: \_\_\_\_\_

### Interests and Skills

*What type of tasks/activities are you interested in doing?* \_\_\_\_\_

*Is there a specific program/location within Catholic Charities in which you desire to volunteer?* \_\_\_\_\_

*Other languages that you speak, read or write?* \_\_\_\_\_

### Additional Information

*Ethnicity (Optional)*

American Indian/Alaskan       Asian/Pacific Islander       Black/African American

Hispanic/Latino       White/Caucasian       Other

Female       Male

### References

*Please list one personal and one professional reference.*

Personal \_\_\_\_\_  
*Name* *Relationship* *Phone*

Professional \_\_\_\_\_  
*Name* *Relationship* *Phone*

What guided you to Catholic Charities of Los Angeles (CCLA) for Volunteer opportunities?

Church       Website       Court Ordered Program

Word of Mouth       Advertisement       CCLA Employee

Other \_\_\_\_\_

## Volunteer Availability

Please mark the days/times you are available to intern.

**Write specific time restrictions if applicable.**

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
AM: 8:30-12:00							
PM: 12:00-5:00							
Eve: After 5:00							

### Length of Commitment

- 3 months    
  6 months    
  9 months    
  other

## Required Hours

*Please complete this section **only if you have required hours to complete.***

1. Why are you required to complete volunteer or community service hours?
  - Religious Education (e.g. Confirmation class)
  - Court-ordered Community Service
  - High School Requirement
  - College/University Requirement
  - Other (please explain) \_\_\_\_\_
  
2. What date do you need to complete your hours? \_\_\_\_\_

Email to [JBatiste@CCharities.org](mailto:JBatiste@CCharities.org) or contact James Batiste, Director of Volunteer Services, at 213-251-3421.

## Office Use Only

Type of Volunteer:    
  Registered    
  Community    
  Occasional

Site: \_\_\_\_\_ Program Number: \_\_\_\_\_ Region: \_\_\_\_\_

Volunteer Site Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Volunteer Site Supervisor: \_\_\_\_\_ (signature)     Date: \_\_\_\_\_

Director of Volunteer Services: \_\_\_\_\_ (signature)     Date: \_\_\_\_\_

TB Test Required:    
  No    
  Yes - Date Obtained: \_\_\_\_\_

Background Check Required:    
  No    
  Yes - Date Obtained: \_\_\_\_\_

Cleared    
  Did not clear

Live Scan Required:    
  No    
  Yes - Date Obtained: \_\_\_\_\_

Cleared    
  -Did not clear