



Older Adult Services and Intervention System
A Program of Catholic Charities

Catholic Charities is committed to manifesting
Christ's spirit by collaborating
with diverse communities,
promoting human dignity and
advocating for social justice.

OFFICE USE ONLY

Program # _____

VOLUNTEER APPLICATION

Please **complete** this application and return to Catholic Charities OASIS, 2532 Ventura Blvd., Camarillo, CA 93010. Phone: (805) 987-2083, email swilber@ccharities.org. You will be contacted for an interview after your application is received. Volunteer commitment and agency orientation take place after a volunteer is accepted for a position.

NOTE: Only fully completed applications will be considered.

Personal Information

First Name

Last Name

MI

Address

City

Zip

Cell Phone

Home/Other Phone

Ethnicity (optional); check all that apply

- African American
- Asian/Pacific Islander
- Hispanic/Latino
- Native American
- White
- Other _____
- Decline to State

Email Address

Gender

Emergency Contact

Name

Relationship

Phone Number

Interests and Skills

What types of **tasks/activities** are you interested in doing? (Check all that applies).

- Clerical Services
- Fundraising
- Friendly Visiting
- Telephone Reassurance
- Shopping
- Transportation
- Other (specify) _____

Other languages that you speak, read or write: _____

References (please list one personal and one professional reference)

Name: _____ Relationship: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Phone: _____ Email: _____

Transportation Availability

Are you willing to drive your own vehicle to transport clients to run errands? _____ Yes _____ No

If yes, please provide:

Insurance Company Name: _____ Phone: _____

Address: _____ Policy #: _____

Volunteer Availability

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

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							

Information Verification

Everything stated on this application is true and accurate to the best of my knowledge. I understand that if any information furnished here is found to be false, I could be dismissed from my volunteer position. I understand that a background check may be performed.

Applicant signature

Parent/Guardian signature if applicant is under 18

Date

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? _____

3 – List any prior or related experience, special skills, or education you may have for this type of work:

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Type of Volunteer:		<input type="checkbox"/> Community	<input type="checkbox"/> Occasional
Site: _____	Program Number: _____	Region: _____	
Volunteer Site Supervisor	_____	Phone Number: _____	
Volunteer Site Supervisor	Signature _____	Date _____	
Director of Volunteer Services	Signature _____	Date _____	
TB Test Required:	<input type="checkbox"/> No	<input type="checkbox"/> Yes - Date Obtained: _____	
Background Check Required:	<input type="checkbox"/> No	<input type="checkbox"/> Yes - Date Obtained: _____	
Live Scan Required:	<input type="checkbox"/> No	<input type="checkbox"/> Yes - Date Obtained: _____	
		<input type="checkbox"/> Cleared	<input type="checkbox"/> Did not clear
		<input type="checkbox"/> Cleared	<input type="checkbox"/> Did not clear
Start Date: _____	End Date: _____		