



APPLICATION FOR VOLUNTEER SERVICES

Last Name		First Name		Middle Name		
Home Address		City	State	Zip Code		
Cell Phone		Home Phone		Daytime Phone		
Date of Birth			Email			
<input type="checkbox"/> Female			<input type="checkbox"/> Male			
Ethnicity (optional)						
<input type="checkbox"/> African-American		<input type="checkbox"/> Asian/Pacific Islander		<input type="checkbox"/> Latino	<input type="checkbox"/> White	
<input type="checkbox"/> American Indian		<input type="checkbox"/> Other _____				
How did you learn about CCLA Volunteer Services? (check all that apply)						
<input type="checkbox"/> Friend or Family Member		<input type="checkbox"/> School				
<input type="checkbox"/> Parish		<input type="checkbox"/> Other _____				
Days available to volunteer (please circle)						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Preferred volunteer shift (varies depending on service area – please circle)						
<input type="checkbox"/> AM (Morning) _____		<input type="checkbox"/> PM (Afternoon) _____		<input type="checkbox"/> PM (Evening) _____		

Required Hours

Do you have required hours to complete? No ____ Yes ____ If yes, how many? _____

What are the required hours for?

____ Graduation Requirement

____ Other Explain: _____

When do you need to complete your hours? _____

(Date)

School Information

School Name: _____

School Address: _____

Phone Number: _____

Current GPA: _____

Year in School: Freshman Sophomore Junior Senior

(please circle)

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

If yes, please explain. (Yes does not automatically disqualify you from volunteering.)

Please read the following statement carefully:

In signing and submitting this application, I understand that my application will be reviewed by the Director of Volunteer Services. If I am selected for an interview, I will be notified within two weeks.

Commitment

*I must provide the number of volunteer hours committed to providing.

*It is my responsibility to get the necessary transportation to and from volunteering.

*I understand that I may be dismissed from my duties for willful wrongdoing or negligence and/or performing duties outside of my volunteer service guidelines.

Training/Health

*A CCLA volunteer orientation and health screening is required within 7 days of my volunteer placement.

*I must undergo an update of the TB skin test annually.

*If there is a cause for concern, I will consent and agree to voluntarily provide body fluid (blood and/or urine) samples for drug and/or alcohol screening in accordance CCLA policy.

*The results of such screenings may be released to CCLA , and the results may be used to make decisions concerning my involvement with CCLA.

*When required I will attend on-job trainings. My supervisor will follow-up with me within a reasonable amount of time to ensure that the placement is satisfactory.

Acknowledgement of CCLA Background Checks

*Background checks may be performed on applicants volunteering with CCLA.

*If the information that I have furnished on this form is found to be false, I could be dismissed. I hereby, apply to become a volunteer at CCLA, to be able to abide by my commitment, to keep all information confidential, and comply with all rules and regulations. The statements given on this application are true and accurate to the best of my knowledge.

Volunteer Signature

Date

FOR OFFICE USE ONLY

Registered

Community

Occasional

Catholic Charities of Los Angeles, Inc. Start Date: _____

Site: _____ Program Number: _____

Region: _____ Job Title: _____ Job Code: _____

Volunteer Coordinator: _____ Phone Number: _____

Program Supervisor: _____

Program Supervisor Signature _____ Date _____

Volunteer Program Signature _____ Date _____

Regional Director Signature: _____ Date _____

TB Test Required: No Yes – Date Obtained: _____

Health Screening Required: No Yes – Date Obtained: _____

Background Check Required: No Yes - Date Obtained: _____

Passed Background Check

Did not pass Background Check

Volunteer welcome back? Yes ___ No ___

Catholic Charities of Los Angeles, Inc. End Date: _____