



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 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