



CATHOLIC CHARITIES
OF DALLAS, INC.
Providing help. Changing lives...for over 120 years.

VOLUNTEER APPLICATION

Last Name First Name Middle Name/Initial

Street Address City State Zip

Home Phone Work Phone Cell

Email Address

EMERGENCY INFORMATION *(In case of an emergency, please contact...)*

Full Name Relationship

Primary Phone # Work Home Cell Secondary Phone # Work Home Cell

VOLUNTEER EXPERIENCE

How did you hear about volunteering with CCD: _____

Do you have previous volunteer experience or training? Yes No

Please tell us **where, how long** and **what you did**?

Have you participated in a Diocesan Safe Environment Training? Yes No

If yes above, where & when? _____

EDUCATION

Please check highest level completed:

Middle School High School/GED Associate Undergraduate Graduate

Please List any Degree(s), Professional Licenses and/or Specialized Training:

Foreign Language Proficiency (*Please indicate language*)

_____ Read Write Speak
Specify Language

_____ Read Write Speak
Specify Language

_____ Read Write Speak
Specify Language

_____ Read Write Speak
Specify Language

WORK EXPERIENCE

Are you currently employed? Yes No

If yes, please complete the following section:

Employer _____

Position _____

Phone _____ Length of Employment: Year(s) _____ Month(s) _____

MORE ABOUT YOU

Please list any special skills or experience: (i.e. typing, computer skills, etc.):

REFERENCES

Please list three references (excluding relatives and no more than one former employer) that can best describe your skills.

#1 Full Name: _____

Mailing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone #: _____ Work Home Cell **Email Address:** _____

#2 Full Name: _____

Mailing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone #: _____ Work Home Cell **Email Address:** _____

#3 Full Name: _____

Mailing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone #: _____ Work Home Cell **Email Address:** _____

RESIDENCES

(List previous residences for the past five years)

PRIOR ADDRESSES:

City:	State:	County:	Dates:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SUPPLEMENTAL QUESTIONS

Are you presently abusing or using any illegal drugs? Yes No

Have you ever been convicted of, pleaded guilty or no contest to, placed on probation for, given probation, given community supervision, or given deferred adjudication for a crime or are you now under charges for any criminal offense?*

Yes No

*Answering "Yes" to this question will not automatically exclude you from employment unless applicable laws require such action.

The following lines are for any explanations or details that you would like to include for "Yes" answers above.

Are you a member of CCD's Angels of Charity women's auxiliary or the Archangels men's club? Yes No

If no, would you like information on becoming a member? Yes No

You can find further information about our women's auxiliary and men's club in support of Catholic Charities of Dallas online at www.CCofDallas.org/Angels and www.CCofDallas.org/archangels.

INTERESTS

Please let us know which programs or services you are interested in by ranking your volunteer preferences: (Designate in 3 top boxes, either #1, #2 or #3; use the check boxes below each number you designate to further select areas of interest, if applicable)

_____ Refugee and Empowerment Services

- Apartment Setup
- Food Pantry
- Citizenship Teachers
- Office Support
- Job Counselor Assistance
- ESL Teacher

_____ World of Goods Resale Store

- Truck Assistance
- In- Store Assistance

_____ Children and Adoption Services

- Teacher Assistance
- Classroom Volunteers

_____ Immigration and Legal Services

- Citizenship
- Sorting Mail
- Office Support

_____ Headquarters/Support Office

- Database Entry
- General Office Assistance

_____ Elderly and Family Services

- Pantry Coordinator
- Office Support
- Activities Coordinator

For more information about Catholic Charities of Dallas and specific volunteer opportunities, visit www.CatholicCharitiesDallas.org

AVAILABILITY

Start Date: _____

Indicate the day(s) and time(s) you are able to volunteer:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please return all 5 pages of this application to:

Sr. Special Projects & Volunteer Coordinator

It is the policy of Catholic Charities of Dallas to provide equal opportunity to all applicants, volunteers and interns regardless of race, color, religion, age, sex, national origin, ancestry, military status, disability, or any other characteristic protected by law.



ACKNOWLEDGMENT FORM

I understand that as a volunteer with Catholic Charities of Dallas (CCD) I must comply with all policies that have been presented to me. I have received a copy and reviewed the Volunteer Policies and understand what is expected of me as a volunteer of CCD and its programs. I also acknowledge the following:

- The information contained in this application is true and correct to the best of my knowledge.
- I understand and authorize any references, or any other person or organization, whether or not identified in this application, to give any information (including opinions) regarding my character and fitness for service, unless I have communicated that they not be contacted.
- I intend this to be a legally binding release, which I have read and understand. I understand that I may consult with an attorney before signing this document. A facsimile or photocopy of this authorization shall be as valid as the original.
- I HAVE CAREFULLY READ THIS RELEASE AND KNOW THE CONTENTS. I SIGN THIS RELEASE AS MY OWN FREE ACT.

Volunteer Name (Print)

Volunteer Signature

Date: _____

