

Name:				Date:	
Address:					
City:			Zip Co	de:	
Phone: (home)		Phone: (work)			
Email:			Phone:		
Emergency Contact:					
Current Employer & Position:					
Highest Education Level Completed:					
Please list any previous volunteering exp	eriences:				
How did you hear about volunteering wi	th Catholic Charitie	es Maine?			
Why are you currently seeking a volunte	er opportunity wit	h Catholic Char	ities Maine?		
Are you affiliated with another agency to VISTA, etc.)	•	-			ning Works,
Are you applying for a specific volunteer	opportunity? (curr	ently found on o	ur website)	☐ YES ☐	□ NO
If yes, which one:					
If no, please review the current opportuniti					
Please list any specific skills (administration to use in a volunteer position:					ou would like
Please indicate your volunteering availa			☐ TUES	□ WEDS	☐ THURS
(mornings / afternoons / evenings)					
Do you have a geographic preference as	to where you volur	nteer?			
Do you have access to a vehicle that you	could use for volur	nteer work?	☐ YES	□ NO	

Please list 3 <u>non-family references</u> whom v	we may contact:
Name:	Address:
Phone:	Email:
Name:	Address:
Phone:	Email:
Name:	Address:
Phone:	Email:
	BOUT THE SUITABILITY OF MY BEING A VOLUNTEER FOR THE AGENCY.  Date:
	ardian permission is required. References for those under 18 must be adults who
have known them at least a year.	
I, AS THE PARENT OR GUARDIAN OF THE A CATHOLIC CHARITIES MAINE.	BOVE MINOR, GIVE PERMISSION FOR HIM/HER TO BE A VOLUNTEER FOR
Parent Signature:	Date:
<b>Please Note:</b> All volunteers will go through	n a background and reference check.

Catholic Charities Maine pays the fee to process the background check.