CATHOLIC CHARITIES DIOCESE OF ALLENTOWN VOLUNTEER/INTERN APPLICATION

Name:					
Address:(Street)		(City	,)	(State)	(7in)
(Street)		(City	<i>()</i>	(State)	(Zip)
Phone: (Home)		(Cell)		
Email Address:					
Emergency Contact Name	and Relation	nship:			
Emergency Contact Phone	Number:				
Volunteer	Skills & Inte	erests: (Ple	ase che	ck all that ap	oply)
Clerical	Driving/Tra	nsportatior	1	Child	Care
Food Service	Computers ((Software:)
Friendly Visiting	Language (Specify: _)
Fundraising/Develop	nent _	Special	Events	Organ	izing donations
Other (Please specify	:)
Av	vailability: (H	Please circ	le all tha	at apply)	
Mon	Tue We	ed Thu	Fri	Sat Sun	
Mornin	gs After	noons E	Evenings	Flexible	e
Programs: (Please chec	k the progra	ams you a	re intere	ested in learr	ning more about)
Counseling	Ecur	menical Ki	tchen	Admir	nistration
Pregnancy Support	Paris	sh Outreacl	h	Chew	St Community Ctr
Adult Day Care	Case	e Managem	ent	Pottsv	ille Area Kitchen
Immigration	Serv	rices for Ol	der Adu	lts	

Appendix - U

Experience (Volunteer and/or Employment):					
Job Title:					
Name of Organization/Business:					
Description of Duties:					
How did you hear about the Volunteer Services Program at Catholic Charities?					
References: (Please provide two references that are not related to you):					
1. Name:					
Address:					
Phone: Email:					
2. Name:					
Address:					
Phone: Email:					
It is the obligation of Catholic Charities, Diocese of Allentown to ensure confidentiality of all persons who are known to the agency. Policies and procedures assure protection of the privacy of the relationship established between Catholic Charities, its clients, and other relevant bodies. During your volunteer service with Catholic Charities, information you may learn regarding an individual or related to the services of the agency, is to be held in strict confidence. Your responsibility is to report any concerns regarding client information or misuse of client information to the staff person to whom you are accountable.					
Before using a personal vehicle for any volunteer assignments, a Vehicle Transportation Form must be completed.					
I understand that Catholic Charities' staff will check the above references before I am accepted into the Volunteer Program. I also understand that certain volunteer placements require a Criminal and/or Child Abuse History Clearance. I give permission to Catholic Charities' staff to check my references and send for any necessary clearances.					
Signature: Date:					