

The Catholic Diocese of
JACKSON
Mississippi

Catholic Charities, Inc.

Volunteer Application

It is the policy of Catholic Charities, Inc. that no person shall on the basis of race, color, national origin, religion, age, sex, handicap, sexual orientation or veteran status will be denied the ability to be a volunteer.

Catholic Charities, Inc. is an Equal Opportunity Employer and Service Provider.

Date _____

Program for Volunteering _____

Name _____

Social Security # _____ Phone [] _____

Address _____

City / State / Zip _____

How did you find out about this position? _____

List any relatives or friends working for us:

Name	Relationship
Name	Relationship

Special training skills that would be special benefit in the program for which you are volunteering:

Previous Employment

Employer Name _____ Job Title _____

Start Date / Year _____ End Date / Year _____

Describe Your Job Duties _____

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Employer Name _____ Job Title _____

Start Date / Year _____ End Date / Year _____

Describe Your Job Duties _____

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Employer Name _____ Job Title _____

Start Date / Year _____ End Date / Year _____

Describe Your Job Duties _____

Memberships in Professional or Community Organizations

Personal References

Names of those not related to you whom you have known at least one year.

Name	Address	Phone Number	Years Known
1.			
2.			
3.			
4.			

Other Comments you would like to add: _____

Authorization

I certify that the information given on this application is true and complete. I understand if employed, falsified or omission of facts material to this application [or if applicable on resume], shall be considered sufficient cause for dismissal. Personal references and appropriate background checks will be conducted in making final hiring decision where applicable in the following areas: day care, food preparation, vulnerable clients, transportation, finances and residential treatment. [IF volunteered], volunteering is contingent upon the receipt of acceptable background information checks.

I give Catholic Charities, Inc. permission to contact my current references and verify other information disclosed in this application.

Signature _____

Date _____