



Name: _____

Date: _____

VOLUNTEER APPLICATION

Catholic Charities, Diocese of Tulsa
P.O. Box 580460
Tulsa, OK 74158

Headquarters located at 2450 North Harvard in Tulsa
918-949-HOPE (4673) Fax 918-582-2123
www.CatholicCharitiesTulsa.org volunteer@CatholicCharitiesTulsa.org

<u>For Office Use Only</u>
Completed Application _____
Completed Virtus Training _____
Completed Background Check:
A: _____ B: _____ C: _____ D: _____

Catholic Charities' mission is to bring Christ's merciful love to those who suffer in our midst. Our mission is carried out by Catholic people and others in fraternal goodwill, pooling their resources to reach out and assist those in need. In so doing, Catholic Charities is the primary instrument of the Church in carrying out works of mercy.

Personal Data Please print carefully. Thank you!

Name _____ Male _____ Female _____

Address _____ City/St _____ Zip code _____

Email _____

Phone: Home _____ Cell _____ Work _____

Date of Birth (M/D/Y) _____ Soc. Sec. /or Driv. Lic. # _____

Interests/Hobbies _____

Spouse name _____ Phone _____

Emergency contact (not spouse) _____ Phone _____

Availability: Flexible _____ On call _____ Specific _____ Special Event(s) _____

Best Time: a.m. _____ p.m. _____ Best Days: M _____ T _____ W _____ Th _____ F _____ Weekends, Sat _____ Sun _____

Any comments on time preferences: _____

What has encouraged you to volunteer: (check) ___ Person ___ Advertisement ___ Church ___ Event

Reason(s) for volunteering: _____

Employment Data

Place of Employment _____ Phone _____

Present Job Title/Description _____

Current Supervisor _____

Educational Data

If Student - Name of School Attending _____ Program/Grade _____

Level of Education Completed _____ Major Study Area _____

Professional licenses/certificates that may enhance your volunteer experience _____

Other Credentials _____

Bi-lingual Skills: (language and skill level) _____

Computer Skills; (skill level/specific program experience) _____

Church Data

I am a member at/attend: _____

Location: _____

My pastor: _____

Contact information (phone): _____

Church involvement: (Employment or Volunteer tasks - examples: Usher, Lector, cleaning, secretary, etc.)

1. _____

2. _____

List any pastoral certification(s): _____

NOTE: Volunteer projects involving children or youth will require Virtus Training, which has on-going training sessions throughout the year. The training schedule and locale of training available at: www.Virtusonline.com

Location/date of your Virtus training (if already attended) _____

Volunteer Experience/Interests:

Please list the name of the service site(s) and briefly describe your volunteer responsibilities at the sites:

1. _____

2. _____

Volunteer Skills/Training/Interests: (Check those that best apply to you.)

- Data entry Cooking Repairs Yard Work Decorating Moving Furniture Driver
- Organization Musical Tutoring Youth work Special Event Marketing/Sales Fund Raising
- Leadership Medical Legal Secretarial Health/Safety Handyman/clean Event Planner
- Hospitality Media Painting Cleaning Transportation Stocking/sorting Office work
- Recreational Spiritual Childcare Artistic Counseling Mentor/Visitation
- Other _____

Would you prefer: *individual* volunteer tasks _____ *group* tasks _____ either _____ ?

Explain your preferred area(s) of service:

1. _____

2. _____

Catholic Charities Social Services and Volunteer Programs - (Mark preference(s) if you have any)

- | | | |
|--------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> ADMINISTRATION/HDQTRS. | <input type="checkbox"/> MADONNA HOUSE | <input type="checkbox"/> SAINT ELIZABETH LODGE |
| <input type="checkbox"/> ADOPTION SERVICES | <input type="checkbox"/> RACHEL'S VINEYARD RETREAT | <input type="checkbox"/> SAINT JOSEPH RESIDENCE |
| <input type="checkbox"/> CLOTHING CENTER | <input type="checkbox"/> REFUGEE RESETTLEMENT | <input type="checkbox"/> SALLISAW HELPING CENTER |
| <input type="checkbox"/> HISPANIC HELPING CENTER | <input type="checkbox"/> RURAL ASSISTANCE PROGRAM | <input type="checkbox"/> XAVIER MEDICAL CLINIC |
| <input type="checkbox"/> IMMIGRATION SERVICES | <input type="checkbox"/> COOKING UP COMPASSION | <input type="checkbox"/> ST. ANTHONY EMERGENCY ASSISTANCE |

References (not related to you):

Professional Reference:

Name: _____ Phone: _____

Address: _____

Company: _____ Relationship to you: _____

Personal Reference:

Name: _____ Phone: _____

Address: _____

Email: _____ Relationship to you: _____

Applicant Statement

The information contained in this volunteer application is correct. I authorize any references listed above to give you any necessary information with reference to my personal character and fitness to volunteer at Catholic Charities of Tulsa.

Applicant's Printed Name _____

Applicant's Signature _____ Date _____

Health Waiver

If I am unable to perform certain volunteer tasks due to my physical or mental health conditions, then I promise to take full responsibility for informing the director of the Catholic Charities program where I am serving or the Volunteer Coordinator, rather than take the risk of any personal injury.

Signature _____ Date _____