



**VOLUNTEER APPLICATION**

Thank you for your interest in volunteering with Catholic Charities CYO. Founded in 1907 and rooted in our faith traditions of charity and justice, Catholic Charities CYO supports families, aging and disabled adults, and youth through social services and opportunities for healthy growth and development. To help achieve this, we need the help of committed, qualified volunteers.

Please give careful thought to this application. If a question does not apply to you, mark it "N/A". We will verify all information you provide, and will attempt to match you with a suitable volunteer opportunity that meets your interests. In the event that no volunteer position matching your qualifications exists, we will keep your application on file for 6 months.

How did you hear about our volunteer program? \_\_\_\_\_

**Personal Information:**

Name: \_\_\_\_\_  
(Last) (First) (M.I.)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone: \_\_\_\_\_ ( ) Work Phone: \_\_\_\_\_ ( )

Cell Phone: \_\_\_\_\_ ( ) Email: \_\_\_\_\_

Driver's License #/State: \_\_\_\_\_ Birthday (optional – month & day only) \_\_\_\_\_

Primary Language: \_\_\_\_\_ Secondary Language \_\_\_\_\_

Have you ever been convicted of a felony (excluding any sealed or expunged conviction)? **YES NO** If yes, explain nature and date of conviction: \_\_\_\_\_

**(Please Note:** A felony conviction does not necessarily bar an individual from volunteer service at Catholic Charities CYO. Each case is considered individually based on the nature of the crime and specific requirements of the volunteer assignment.)

**Education and Work Experience:**

Highest Level of education: \_\_\_\_\_

Are you currently a student? **YES NO** If **YES**, Major: \_\_\_\_\_

School Name/Location: \_\_\_\_\_

School & Grade (if under 18 years of age): \_\_\_\_\_

Employment Status: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Employer Phone Number: \_\_\_\_\_

**Community Service:**

Are you here to complete community service hours: **YES NO** If yes, please indicate the number of hours you need to complete: \_\_\_\_\_ from (starting/ending dates) \_\_\_\_\_

What organization/individual referred you to Catholic Charities CYO to complete the hours?  
\_\_\_\_\_

May we contact them for further information if needed? **YES NO** Phone: \_\_\_\_\_

**Previous Volunteer Experience:**

Position	Agency/Organization	Dates
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**References:**

Please list two references that are not directly related to you whom we may contact:

Personal: Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_

Business: Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_

**Preferences in Volunteering:**

1. Which county would you prefer to volunteer in?  
 \_\_\_\_\_ San Francisco \_\_\_\_\_ San Mateo \_\_\_\_\_ Marin \_\_\_\_\_ Sonoma

2. What time of the day are you interested in volunteering? (Please check all that apply.)  
 \_\_\_\_\_ Morning \_\_\_\_\_ Evening \_\_\_\_\_ Prefer Weekends  
 \_\_\_\_\_ Afternoon \_\_\_\_\_ Prefer Weekdays \_\_\_\_\_ Other: \_\_\_\_\_

3. How often would you like to volunteer? (Please check all that apply.)  
 \_\_\_\_\_ Daily \_\_\_\_\_ Once a Week \_\_\_\_\_ Monthly  
 \_\_\_\_\_ Weekends Only \_\_\_\_\_ No Preference \_\_\_\_\_ Twice a Month  
 \_\_\_\_\_ Weekends Only \_\_\_\_\_ No Preference \_\_\_\_\_ Other: \_\_\_\_\_

4. Please rank the group(s) with whom you wish to work (in order of preference):  
 \_\_\_\_\_ Adults \_\_\_\_\_ Homeless Persons \_\_\_\_\_ Seniors  
 \_\_\_\_\_ Agency Staff \_\_\_\_\_ HIV/AIDS Services \_\_\_\_\_ Teens/Young Adult  
 \_\_\_\_\_ Children \_\_\_\_\_ Other (please identify)

