



Catholic Charities Health and Human Services

Application form for Volunteer Services

Name	
Address	
Phone Number	
Date of Application	
E-Mail Address	

Please indicate which service area you are interested in working with:

<input type="checkbox"/>	Food and Hunger Centers	<input type="checkbox"/>	Migration and Refugee
<input type="checkbox"/>	Children and Adolescents	<input type="checkbox"/>	Clerical / Office Administration
<input type="checkbox"/>	Older Adults	<input type="checkbox"/>	Holiday and Seasonal Help
<input type="checkbox"/>	Disabilities		

Please indicate your time availability:

Sun	Mon	Tues	Wed	Thur	Fri	Sat
AM	AM	AM	AM	AM	AM	AM
PM	PM	PM	PM	PM	PM	PM

Number of hours per week you are available?

Provide information on your current employer, if applicable, in the space below:

Position Title:	
Dates of employment:	
Company/Employer	

Please describe your prior volunteer experience (include organization names and dates of service): (Use back of form if needed)

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What experiences have you had that may prepare you to work as a volunteer in the area you have indicated above? (Use back of form if needed)

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Why do you want to volunteer? (Use back of form if needed)

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*** All volunteers are subject to a screening and selection process***

**Return to: St. Augustine Manor
7911 Detroit Avenue
Cleveland, Ohio 44102
Attention: Christine Horne**