



**Pinellas Hope, a Program of Catholic Charities,
Diocese of St. Petersburg, Inc.**

VOLUNTEER APPLICATION

Equal access to programs, services and volunteering is available to all persons.

Name:
Address:
City:
E-mail:
Telephone Number:

Social Security Number:
Driver's License Number:
State:

Emergency Contact Name:
Phone Number:

If necessary, best time to call you at home:
May we contact you at work?
If yes, work number and best time to call:

Have you submitted a volunteer application here before?
If yes, please give dates:

Have you ever been employed here before?
If yes, please give dates:

Have you been convicted of a felony in the last seven (7) years?
(Such conviction may be relevant if job related, but does not bar you from volunteering.)

If yes, please explain _____

Highest Level of Education:
Field of Study:
Other Languages Spoken:

Have you had any volunteer experience in the past? _yes_____
If Yes, please explain:

Please summarize the skills and qualifications acquired from employment or other volunteer experiences that you could bring to the agency as a volunteer:

Opportunities of Service: Please check areas of interest.

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|--|--|-------------------------------------|--|
| Abstinence Education | | Medical Professionals/Screeners | |
| Auxiliary (fundraising) | | Mentor/Advocate | |
| Clothes Closet | | Office Assistant | |
| Community Outreach | | Program Development (grant writing) | |
| Direct Client Services | | Public Relations (Newsletter) | |
| Elder Services | | Resettlement Assistant | |
| English Tutor | | Respite Services | |
| Friendly Visitor | | Support Group Facilitator | |
| Lay Companion (Project Rachel – post abortion) | | Telephone Reassurance | |
| Life Skills Assistant | | Transportation Assistant | |
| Medical Director | | Youth to Youth Mentor | |
| Medical Professionals | | Other - Cooking | |

References

List name and telephone number of three business/work references that are not related to you and are not previous supervisors. If not applicable, list three school or personal references that are not related to you.

| Name | Telephone | Years Known |
|------|-----------|-------------|
| | | |
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I attest that the answers given on this application are true and complete to the best of my knowledge. I am freely and without coercion volunteering my time to assist Pinellas Hope, a program of Catholic Charities DOSP, Inc. I understand that my activities will be a public service to the citizens living in and around the Diocese of St. Petersburg.

I further understand that I will not be compensated for my volunteer activities. I also agree that as a volunteer for Catholic Charities, Diocese of St. Petersburg, Inc. I will keep all material and information with regard to agency activities, clients and/or personnel in the strictest confidence, and I give Catholic Charities permission to check my references.

Signature of Applicant

Date

Signature of Interviewer

Date

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