



**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.

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

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