

Volunteer Application

St. Elizabeth Catholic Charities

702 E. Market St.
 New Albany, IN 47150
 812 949-7305
 info@stcharities.org



St. Elizabeth Catholic Charities
Providing Help. Creating Hope.

Contact Information

Name			
Street Address			
City/State/Zip Code			
Phone (check best to reach you)	<input type="checkbox"/> Cell	<input type="checkbox"/> Home	<input type="checkbox"/> Work
E-Mail Address			

Educational Background

	Name of School	City/State	Year Completed (please circle)	Degree Completed (college/graduate work only)
Some or no high school			1 2 3 4	
High School or equivalent			1 2 3 4	
Some College/Technical School			1 2 3 4	
College Graduate			1 2 3 4	
Graduate Work			1 2 3 4	

Work Experience

Current/Last Organization Name:	
Address:	
Dates of Employment:	
Supervisor:	
Phone:	
Description of Work:	
Previous Organization Name:	
Address:	
Dates of Employment:	
Supervisor:	
Phone:	
Description of Work:	

Special Skills or Qualifications

Please summarize any special skills, qualifications, certifications, talents and/or interests, including hobbies or sports.

Availability

During which days and hours are you typically available for volunteer assignments?

Weekday mornings

Weekday afternoons

Weekday evenings

Weekend mornings

Weekend afternoons

Weekend evenings

Previous Volunteer Experience

Please summarize your current and previous volunteer experience.

Organization	Type of Work Performed	Dates and/or Years of Service

Preferred Volunteer Areas of Interest

Please tell us which areas you are interested in volunteering.

Receptionist/Clerical Volunteer

Special Events

Labor Coach

Maintenance/Handyman/Landscaping

CASA Volunteer

Babysitter

Mentor

Council Member

Person to Notify in Case of Emergency

Name			
Relationship			
Street Address			
City/State/Zip Code			
Phone	Cell	Home	Work
E-Mail Address			

How Did You Hear About Us?

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Reason for Volunteering

Please tell us what interested you in becoming a volunteer for St. Elizabeth's.

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References (Work/ Professional or Volunteer)

Please provide three references (excluding relatives) you have known for at least one year.

Name	Occupation	Phone Number

Background Information

Please note consent to investigate background below.

	Yes	No
1. Were you ever convicted of a felony or a misdemeanor (other than a minor traffic violation)?		
2. Do you have any pending criminal charges? (A conviction of a crime and/or pending charges will not automatically preclude volunteer service.)		
3. Have you ever been subjected to a civil protective order for domestic violence or abuse?		
4. Do you use illegal drugs?		
5. Have you ever been investigated for or charged with child abuse or neglect?		
6. Has your driver's license ever been suspended or revoked?		
7. Other than the above, are there any facts or circumstances involving you or your background that would call into question the supervision, guidance and care of young people?		
If you answered "yes" to any question, please explain.		

Consent to Investigate Background / Signature

The information contained in this application is true and correct to the best of my knowledge. I authorize you and any interested party to verify any information I have provided in this application. I authorize St. Elizabeth Catholic Charities, the Archdiocese of Indianapolis, its schools, parishes, employees and agents to seek information from any relevant source including but not limited to present and former employers, educational and training institutions, social security administration, criminal courts, state and county repositories and criminal records, department of motor vehicles or child protective services. I authorize my present employer and any previous employers, present or previous fellow employees, educational and training institutions and any other persons to furnish information concerning my personal character, habits and employment records to St. Elizabeth Catholic Charities, the Archdiocese of Indianapolis, its schools, parishes, employees and agents. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless St. Elizabeth Catholic Charities, the Archdiocese of Indianapolis, its schools, parishes, employees and agents from any and all liability with respect to the use and/or disclosure of information gathered as part of this background check. I understand that any volunteer position or offer of a volunteer position is independent on results of a background check. I further understand that I have no right to a volunteer position and that my position as a volunteer may be terminated immediately without cause and without notice at the sole discretion of St. Elizabeth Catholic Charities, the Archdiocese of Indianapolis, its schools, parishes, employees and agents.

Name (printed)	
Signature	
Date	
Witness	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.