

FOR OFFICE USE ONLY:

- VOL. INFO. FORM
- COPY OF DL
- FINGERPRINT FORM
- ATTENDED ORIENTATION
- CONNECT W/SUPERVISOR

- RECEIVED DEPT. TRAINING
- VOLUNTEER CONTRACT
- PHOTO RELEASE
- APPLICATION IN DATABASE
- ALL LISTS UPDATED
- REVIEW/SIGN HANDBOOK

- WELCOME LETTER SENT
- REVIEW/SIGN CHILD ABUSE
- REVIEW/SIGN DRUG/ALCOHOL
- REVIEW/SIGN WAIVER OF LIABILITY
- REVIEW/SIGN VOL. AGREEMENT
- INTERN



VOLUNTEER APPLICATION

THANK YOU FOR YOUR INTEREST IN VOLUNTEERING AT WEST SIDE CATHOLIC CENTER. PLEASE COMPLETE ALL SECTIONS OF THIS APPLICATION AND RETURN TO THE ADVANCEMENT DEPARTMENT AT YOUR EARLIEST CONVENIENCE SO THAT YOUR VOLUNTEER PROCESS CAN PROCEED.

PERSONAL INFORMATION

Full Name (Mr., Dr., Mrs., Ms., Miss): _____ Preferred Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Birthdate: _____ Marital Status: _____ Spouse Name: _____

Languages Spoken _____

Do you give West Side Catholic Center and the Advancement Department permission to share contact information with volunteer committees, WSCC staff and volunteers, in affiliation with your volunteer services or for recruitment purposes? YES NO

EMERGENCY CONTACTS

1st Name _____ Relationship: _____ Phone: _____

2nd Name _____ Relationship: _____ Phone: _____

Health Problems/Concerns: _____

If emergency contacts cannot be reached, WSCC reserves the right to seek medical assistance at the nearest medical facility and will be held harmless in all legal issues that may arise from this decision.

VOLUNTEER AVAILABILITY

Please check off times and days that you are interested and available to volunteer:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
MORNING						
AFTERNOON						
EVENING						

How often would you like to volunteer at WSCC? Weekly Bi-weekly Monthly Special Events

CURRENT EMPLOYMENT & PAST VOLUNTEER INFORMATION

Please list current or most recent:

Employer: _____ Position: _____ Since: _____

Retired: YES NO

Would you be willing to place WSCC information in your workplace/department? YES NO

Current places you are volunteering: _____

Other places you have volunteered: _____

Please turn over to complete application.

PLEASE PLACE AN X IN FRONT OF YOUR INTERESTS IN VOLUNTEERING FOR ANY OF THE FOLLOWING.

POSITIONS		SPECIAL EVENTS		COMMITTEES/GROUPS	
<input type="checkbox"/>	Resource Center Kitchen	<input type="checkbox"/>	Giving Tree Program	<input type="checkbox"/>	Annual Race Committee
<input type="checkbox"/>	Resource Center Front Desk	<input type="checkbox"/>	School Supply Distribution	<input type="checkbox"/>	WHWN Committee
<input type="checkbox"/>	Resource Center Clothing & Household Distribution Folder	<input type="checkbox"/>	5K Run/1 Mile Walk & Breakfast	<input type="checkbox"/>	Associate Board (YPO)
<input type="checkbox"/>	Resource Center Clothing & Household Distribution Shopper	<input type="checkbox"/>	Sips & Swigs	<input type="checkbox"/>	Friends of West Side Catholic Center (women's org)
<input type="checkbox"/>	Resource Center Art Instructor	<input type="checkbox"/>	Warm Hearts Winter Nights	<input type="checkbox"/>	
<input type="checkbox"/>	Resource Center Yoga Instructor	<input type="checkbox"/>	Expressive Arts Project	<input type="checkbox"/>	
<input type="checkbox"/>	Resource Center Writing Instructor	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Resource Center Nurse	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	WSCC Receptionist	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	WSCC HR Dept.	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	WSCC Advancement Dept.	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Zacchaeus Administrative	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Employment Mentor	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Employment Teacher	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Ohio City Pizzeria Kitchen	<input type="checkbox"/>		<input type="checkbox"/>	

SIGNATURES, CONFIDENTIALLY AND CRIMINAL INFORMATION

I authorize the West Side Catholic Center's Advancement or Human Resources Department to make inquiry into my professional and personal references and relevant information in the volunteer consideration process. I understand that completion of this application does not indicate whether there are any positions currently open and that it does not obligate the Advancement Department to extend association on a volunteer basis. I understand that my volunteer file will remain confidential. My signature constitutes that my responses are true and complete and that I have read and understood the information in this paragraph.

I, _____ confirm by signing this statement that I have not been convicted of a misdemeanor or felony crime or any other related conviction other than a traffic violation that may exclude me from volunteering at the West Side Catholic Center. Furthermore, I grant the West Side Catholic Center Human Resources and Advancement Department permission to acquire criminal records that I may have incurred as necessary for volunteer placement or responsibilities within the WSCC Women and Children's Shelter or Zacchaeus Housing Solutions Program.

It is West Side Catholic Center's policy to retain, promote, terminate and otherwise treat any and all volunteers and applicants on the basis of merit, qualification and competence. This policy shall be applied without regard to any individual's sex, race, religion, natural origin, pregnancy, age, marital status, handicap or sexual orientation.

Signature: _____ Date: _____