



Volunteer Application

Personal Information:

Name: _____

Phone (H): _____ (Cell): _____ (Other) _____

Address: _____

Date of Birth: _____ E-mail: _____

School Affiliation: _____ Major: _____

Occupation/Employer: _____ or Retired _____

Options: Please check all volunteer opportunities that are of interest to you:

Organizational Volunteer

	Office Assistant – clerical duties: file, sort, copy, answer phone as needed, fax, computer work (research, create documents, data entry), other duties as needed.
	Front Desk Receptionist – greet guests, provide resources as requested, answer phone, keep the Front Desk areas clean and stocked with materials, and other duties as needed.
	Layette Volunteer – Cares Center (baby supply store room), pack care packages, organize and sort donations.

CARES Volunteer (Community Assistance and Resources for Seniors)

	Volunteer Driver – transport senior clients to doctor’s appointment, grocery store, pharmacy, bank, and other errands. Flexible scheduling
	Telephone Reassurance – call senior clients to check on them, offer companionship and reassurance, ease loneliness. Flexible scheduling
	Friendly Visitor – visit senior clients at their home, offer companionship and reassurance, check on them and lift their spirits. Flexible scheduling
	Yard Work/ Minor Home Repairs – rake leaves, light home repairs (example: repairing fencing, railing, and wheelchair ramps), yard work, snow removal as needed. <i>Great opportunity for groups!</i>

**Catholic Charities of Eastern Virginia cannot accommodate court-ordered community service*

Placement Preference: Please check all that apply.

I can volunteer: Once a week More than once a week As needed Other

Time/Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Location Preference: Please check all that Apply

- Chesapeake
- Newport News
- Norfolk
- Virginia Beach
- Other:(Please specify) _____

Matching Information

General Interest, Skills, Languages and Hobbies:

Volunteer Experience

Are you allergic to pets or smoke? Yes No

List any special considerations for your placement: _____

Screening Information

A copy of your driver’s license is requested. If you are willing to use your vehicle in your volunteer work, please provide a copy of your auto insurance and a copy of your driving record. Arrangements for a copy of your driving record may be made by contacting DMV at www.dmvnow.com or call

1.888.368.5463

Have you ever been convicted for violation of any laws, traffic or otherwise? Yes No

If yes, please explain:

Do you have any physical condition that may limit your volunteer activities: Yes No

If yes, please describe:

Emergency Contact

Name: _____ Phone: _____ Relation: _____

References

Please list three persons we may contact who are not family members. You may include employers, teachers, religious leaders, or others whose relationship to you is more than a personal friend.

Name: _____ Relation: _____

Phone: _____ E-mail: _____

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Phone: _____ E-mail: _____

Name: _____ Relation: _____

Phone: _____ E-mail: _____

I hereby give my consent for Catholic Charities of Eastern Virginia, Inc. to contact my references and to conduct a routine police check.

Applicant Signature

Date

Please mail/fax/email application to the following:

Catholic Charities of Eastern Virginia
Attention: Human Resources
5361 Virginia Beach Blvd.
Virginia Beach, VA 23462
(757) 456-2367 Fax
(757) 456-2366

Don't hesitate to call or e-mail us if you have any questions!

Volunteer Questions:
(757) 456-2366, ext. 1018
volunteerservices@cceva.org