

## **VOLUNTEER APPLICATION**

Volunteer Services Coordinator 10 Hammond Street Worcester, MA 01610 volunteers@ccworc.org 508-860-2206

All volunteers are required to be over the age of 16. In addition to this application, all volunteers who are 18 years of age and older are required to complete a Criminal Offender Record Information (CORI) form.

| Name:                                 |                                       |   |                |                  |           |
|---------------------------------------|---------------------------------------|---|----------------|------------------|-----------|
|                                       |                                       |   |                |                  |           |
| Home Number:                          |                                       |   |                |                  |           |
| Email:                                |                                       |   |                |                  |           |
|                                       |                                       | guage abilities? _  |                |                  |           |
| Do you have a                         | reliable mode of                      | f transportation? _   |                |                  |           |
| Name and pho                          | ne number of a                        | reference:  |                |                  |           |
| IN CASE OF A                          | N EMERGENC                            | Y, CONTACT:   |                |                  |           |
| lame:                                 |                                       |   | Relationship:  |                  |           |
|                                       |                                       |   | Cell Number:   |                  |           |
| How many hoเ                          | g for an ongoing<br>ırs do you want t | or occasional opp<br>o volunteer a wee<br>w and include the | k?             |                  |           |
| <br>Times                             | Monday                                | Tuesday   | Wednesday      | Thursday         |           |
| Morning                               | Monday                                | laccaay   | Troundaday     | - marouay        |           |
| Afternoon                             |                                       |   |                |                  |           |
| Where do<br>you want to<br>volunteer? | Leominster                            | Mercy Centre<br>(Worcester)                                 | Southbridge    | Whitinsville     | Worcester |
| Please descri                         | be why you are                        | interested in vol   | unteering with | Catholic Chariti | es?       |

| What areas are you interested in volunteering in (please check all that apply)?  |
|--|
| Citizenship classesClothing closetDrug and Alcohol addiction (Crozier House –  |
| Worcester-Leominster)Education (i.e. financial literacy)Food pantry  |
| Individuals with developmental disabilitiesLiteracy classes  |
| Monthly food bank runs to Worcester County Food Bank Receptionist / data entry   |
| Seasonal volunteer (help with holiday food and toy drives)   |
| Shelter for families experiencing homelessness (Youville House – Worcester)  |
| Other  |
| Is it required that you volunteer (i.e. for a Service-Learning course; for high school; DTA; the courts, etc.)? If so, please explain the requirement. |
|  |
|  |
|  |
| How did you hear about Catholic Charities and the volunteer opportunities?   |
| Please list your skills, specialties and hobbies you would want to share with others.  |
| Please list any previous work or volunteer experiences that connect with the opportunity you are interested in?  |
|  |
| Signature Date:  |
| Office Use Only  Today's date:   |
| Notes:   |
|  |
| CORI Form CompletedYN  |