



# Volunteer Registration Form

Please Print

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last First MI Home Work

Address: \_\_\_\_\_  
Street Address City State Zip Code How long?

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender: **M** **F** Email address: \_\_\_\_\_

I am interested in the following areas/positions: (check all that apply)

### Direct Service

### Office

### Other Projects/Programs

- |  |   |   |
|--|---|---|
| After School Programs <input type="checkbox"/>       | Receptionist <input type="checkbox"/>               | Mailings <input type="checkbox"/>                   |
| Summer Youth Programs <input type="checkbox"/>       | General Clerical/Errands <input type="checkbox"/>   | Plaza Comunitaria <input type="checkbox"/>          |
| Seniors/Disabled (EVA) <input type="checkbox"/>      | Secretary/Admin. Assistant <input type="checkbox"/> | Fundraising/Event Planning <input type="checkbox"/> |
| Family-caregiver Respite <input type="checkbox"/>    | Data Entry <input type="checkbox"/>                 | Advocacy/Social Action <input type="checkbox"/>     |
| Parenting Class Facilitator <input type="checkbox"/> | Translator/Interpreter <input type="checkbox"/>     | Immigration Legal Svc. <input type="checkbox"/>     |
| Children's Program Aide <input type="checkbox"/>     | Pro Bono Professional Svc. <input type="checkbox"/> | Maintenance <input type="checkbox"/>                |

I have special interests/training I would be willing to use:

- |  |   |  |
|--|---|--|
| Driving <input type="checkbox"/>           | Teaching <input type="checkbox"/>               | Nursing <input type="checkbox"/>               |
| Gardening <input type="checkbox"/>         | Spanish <input type="checkbox"/>                | Law <input type="checkbox"/>                   |
| Medicine <input type="checkbox"/>          | Building Trades <input type="checkbox"/>        | Marketing/Development <input type="checkbox"/> |
| Computer Software <input type="checkbox"/> | Information Technology <input type="checkbox"/> | Cosmetology <input type="checkbox"/>           |

Other: \_\_\_\_\_  
(Please attach a copy of certification of special training or license.)

I am available to volunteer:

- |  |                                     |  |  |
|--|-------------------------------------|--|--|
| <i>How often?</i>                              | <i>Times of day?</i>                | <i>Days of the week?</i>                             | <i>Preferred duration of assignment?</i> |
| Two or more days/week <input type="checkbox"/> | Mornings <input type="checkbox"/>   | Ongoing (at least one year) <input type="checkbox"/> |  |
| Weekly <input type="checkbox"/>                | Afternoons <input type="checkbox"/> | Short-term <input type="checkbox"/>                  |  |
| Twice a month <input type="checkbox"/>         | Evenings <input type="checkbox"/>   | No Preference <input type="checkbox"/>               |  |
| Monthly <input type="checkbox"/>               | <b>M T W Th F Sa Su</b>             |  |  |
- (Circle Days Available)

How far are you willing/able to travel to volunteer?

- 0-5 miles  6-10 miles  11-25 miles  over 25 miles

Are you fluent in another language? Yes  No  If yes, please specify: \_\_\_\_\_

My goal(s) for my volunteer experience are: \_\_\_\_\_

Please be aware that for the safety of all concerned, Catholic Charities of Idaho will perform a criminal background check on all prospective volunteers. The cost for this service will be the responsibility of the volunteer.

Do you have a valid driver's license? Yes  No  If yes, please indicate: \_\_\_\_\_  
License # State Issued

Do you have any allergies? Yes  No  If yes, please specify: \_\_\_\_\_

**Emergency Contact:**

Name	Phone	Relationship
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Please distribute attached reference forms to at least **two** employment or character references. (Please do not use relatives. Reference forms should be returned by the person filling them out – by mail or fax.)  
*NOTE: For some programs you may be asked to provide additional references.*

**Please submit resume if available.**

Use the space below to indicate any other information you would like to share with CCI regarding your background or circumstances that may impact your volunteer position.

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How did you hear about Catholic Charities of Idaho Volunteer Opportunities? \_\_\_\_\_

May we use photographs taken of you, during your volunteer service, for promotional purposes? **Y** **N**

**As a volunteer I will respect the confidential nature of any verbal or written information about clients, staff, the agency or other volunteers, both during and after the course of my volunteer service.**

Signature	Date
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Signature of parent or guardian (if volunteer is under 18 years of age)	Date
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In Boise or surrounding area please return completed form to: Catholic Charities of Idaho  
Marcia Munden – Volunteer Services Coordinator  
Boise, ID 83706  
Ph# (208) 345-6031 x109  
FAX (208) 345-5674

**OUTSIDE OF TREASURE VALLEY AREA**  
**Please return to your local CCI office.**

*For office use only:*

Interviewed: _____	Background check complete: _____
Placement: _____	Orientation: _____
References returned/checked: _____	Active ____ / ____ / ____
Driving form and proof of insurance on file: _____	Inactive ____ / ____ / ____