



# 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**

- Youth Mentor
- Summer Youth Facilitator
- Citizenship/Literacy Tutor
- EL Conversation Group Leader
- EL/Civics Classroom Assistant
- Parenting Class Facilitator
- Children's Program Aide

**Office**

- Receptionist
- General Clerical/Errands
- Secretary/Admin. Assistant
- Data Entry
- Translator/Interpreter
- Pro Bono Professional Svc.

**Other Projects/Programs**

- Mailings
- Plaza Comunitaria
- Advocacy/Social Action
- Immigration Legal Svc.
- Family Voluntarism
- Maintenance

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

- Driving  Teaching  Nursing
- Gardening  Spanish  Law
- Medicine  Building Trades  Marketing/Development
- Computer Software  Information Technology  Cosmetology

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

I am available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday (Closed)	Sunday (Closed)
Morning							
Evening							

**(Please note any specific times you will be 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 (CCI) will perform a criminal background check on all prospective volunteers. In most cases, 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: \_\_\_\_\_  
(Over) ↻ License # State Issued

Do you have any allergies or other concerns that may require accommodations? Yes  No  If yes, please specify: \_\_\_\_\_

**Emergency Contact:**

Name Phone Relationship

NOTE: For some programs you may be asked to provide additional references. If included, 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.)

**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.)  
Additional Comments:

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

Would you use a web-based registration form or time record if it were available on our web site? **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

Signature of parent or guardian (if volunteer is under 18 years of age) Date

Please return completed form to: Catholic Charities of Idaho - Boise 7255 Franklin Rd. Boise, ID 83709 Ph# (208) 345-6031 FAX (208) 345-5674 jmendez@ccidaho.org  
Catholic Charities of Idaho – Idaho Falls 151 N. Ridge Ave. Ste. 270 Idaho Falls, ID 83402 Ph# (208) 552-6368 FAX (208) 221-6853 rmeyers@ccidaho.org

*For office use only:*

Interviewed: _____	Background check complete: _____
Placement: _____	Orientation: _____
References returned/checked: _____	Active: ___/___/___