



Bishop Felipe Estévez
President

Laura Hickey
Chief Executive Officer

Julie Creamer
Director

St. Augustine Regional Office

Mary Kelley Kryzwick
Director

VOLUNTEER APPLICATION FORM

Please complete all sections of this Volunteer Application.

Full Name: _____
Last First Middle

Date of Birth: (MONTH/DAY) _____

Street Address: _____

City, State, Zip Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Availability

Please check the days and times you are available to volunteer:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Mornings (9:00 a.m. – 12:30 p.m.) _____ Afternoons (12:30 p.m. – 4:00 p.m.) _____

Experience

Please list any specific skills you possess or training received (including Protecting God’s Children and where and when you completed the course) that would help you contribute to Catholic Charities.

I AGREE THAT ALL INFORMATION OBTAINED DURING MY VOLUNTEER SERVICE REGARDING ANY CLIENT WILL BE HELD IN CONFIDENCE.

Signature of Applicant: _____ Date: _____