

For Office Use Only
 Date Received: _____
 Date Approved: _____



Thank you for filling out this Application for Volunteer Service. This application helps Catholic Charities of Corpus Christi, Inc. and the Mother Teresa Shelter, Inc. to fulfill their commitment to the safety and well-being of children and vulnerable adults. Everyone seeking a volunteer position is asked to complete a background check before beginning service. Catholic Charities of Corpus Christi and the Mother Teresa Shelter will treat the information you provide in this application with confidentiality.

***You must complete all sections of this form in order for it to be processed.**

Personal Information:

Date:	First and Last Name:	Driver's License No. & State: State:
Email Address:	Home/Cell Phone: (361) Work Phone: (361)	Date of Birth: Social Security Number:
Street Address:	Mailing Address: (If Different)	Have you resided in any state other than Texas during the past five years? If yes, please list all states.

Parish Information:

Are you a registered parishioner within the Diocese of Corpus Christi? ____ Yes ____ No	Please list the name of your parish.	Have you been registered with your parish for at least six months or more? ____ Yes ____ No If you answered no, you must provide a written recommendation from the pastor or parish supervisor from the current or previous parish in order to work with minors. ----- For Office Use: Pastor/Supervisor recommendation received on:
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Employment:

Are you currently employed? ____ Yes ____ No	Employer Name & Address: Work Phone: (361)	Describe job duties:
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Emergency Contact Information:

Name:	Relationship:	Home/Cell Phone (361) Work Phone (361)
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Education:

High School Diploma? ____ Yes ____ No Year _____	College Degree? ____ Yes ____ No 2 Year _____ 4 Year _____ Other _____	List any other training, certifications or professional licenses completed:
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Volunteer Experience:

Please list your volunteer experiences with other churches, civic or non-profit organizations.

If you have no volunteer experience to date, please check here: _____

Organization:	Volunteer Duties:	Dates of Service:	Name and phone number of contact person

Languages Spoken:	Languages Written:	Are you interested in serving as a Sign Language Interpreter? ____ Yes ____ No	Are you interested in serving as a Braille Interpreter? ____ Yes ____ No
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Program Interest:

Please select all programs you are interested in serving.

Catholic Charities—Flour Bluff ____ Yes ____ No	Community Wellness & Family Outreach ____ Yes ____ No	Emergency Aid ____ Yes ____ No	Family & Individual Counseling ____ Yes ____ No
First Call—Connecting People & Resources ____ Yes ____ No	Housing Counseling/Family Self-Sufficiency ____ Yes ____ No	Immigration & Refugee Services ____ Yes ____ No	Ministry & Life Enrichment for Persons with Disabilities ____ Yes ____ No
Mother Teresa Shelter ____ Yes ____ No	Reception ____ Yes ____ No	Representative Payee Program ____ Yes ____ No	Rural Outreach ____ Yes ____ No

Do you have any limitations that would impair your ability to perform as a volunteer? ____ Yes ____ No	If yes, please explain:	Preference of duties:
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Volunteer Shifts:

Please list the day of the week you are available to volunteer. Indicate M, T, W or TH (F at Mother Teresa Shelter in the time slots).

8:00 am - 10:00 am	10:00 am - 12:00 pm	12:00 pm - 2:00 pm	2:00 pm - 4:00 pm
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References:

Please list three individuals who are familiar with your character as it relates to working with minors or vulnerable adults.

Name:	Contact Phone Number:	Relationship:	Years Known:

Background Check:

<p>Have you ever committed, been accused of, or been convicted of child abuse, neglect or crimes against the elderly or disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide offense, date of offense or conviction and location of court:</p>	<p>Have you ever been subject to any court order involving an allegation of sexual, physical or verbal abuse of a minor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide offense, date of offense or conviction and location of court:</p>	<p>Has your driver's license ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide offense, date of offense or conviction and location of court:</p>
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<p>Have you ever been convicted of or plead guilty before a court for any federal, state or municipal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide offense, date of offense or conviction and location of court:</p>	<p>Have you ever been convicted of any criminal offense outside the jurisdiction of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide offense, date of offense or conviction and location of court:</p>	<p>As of the date of this consent form, do you have any pending charges against you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide offense, date of offense or conviction and location of court:</p>
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Other than the previous information provided, is there any other fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance and care of young people, the elderly or disabled?

Yes No

If yes, please explain: _____

All candidates will be required to undergo drug and criminal history screening.

By signing this form, I certify that the information contained herein is true to the best of my knowledge. I further understand that false or misleading information may be grounds for rejection of my application. As a part of the application process I have been advised that Catholic Charities of Corpus Christi, Inc. conducts a criminal history check that may include a credit report and/or a motor vehicle report. I hereby consent to the use of any and all information provided in the application process to be used in the criminal history/background check. I understand that it is my personal obligation in maintaining a safe environment for all to notify my supervisor if I am arrested or convicted of a crime after signing this form. I hereby give Catholic Charities of Corpus Christi, Inc. permission to conduct a background check as well as contact any of my references.

Signature: _____

Date: _____