



Good Shepherd Center for Homeless Women & Children

Catholic Charities of Los Angeles, Inc.

Volunteer Application

Type of volunteer: (Check one or more) Registered Boards Community
Occasional

Service/Student

Name: _____ Date _____

Address: _____

Home phone: _____ Work phone: _____

Email address: _____

Name of parent/guardian/spouse: _____

Language(s) spoken other than English: _____

Education (highest Grade completed):

Name of someone to contact in case of emergency: _____

Phone number: _____ Relationship: _____

If applying to be a Registered Volunteer, please complete questions 1-12 below. All other applicants, please see the end of the application and sign and date it.

Complete questions 1-12 only if you are applying to be a Registered Volunteer:

1. Have you been a volunteer with Good Shepherd or Catholic Charities before? Yes No
If yes, where and when _____

2. What program do you wish to volunteer your services? _____

3. What type of work would you like to do for the program? Check all that apply:

Direct Client Service _____ Clerical Services _____ Fundraising _____
Administration _____ Management _____ Advocacy _____

4. List any prior or related experience, or special skills, you may have for this type of work:

5. Please tell us something about yourself (work experience, interests) and why you want to volunteer with Good Shepherd Center at this time:

6. Please indicate the days and times you are available to volunteer:

7. Do you expect to use your own transportation as a volunteer? Yes___ No___

8. If yes, please provide the name of your Insurance Company, their phone number and your policy number:

9. Are you a student at this time? Yes___ No ___ If yes, what grade/year? _____

10. If yes, what school, college, or university do you currently attend?

11. Please list 3 references (e.g., employers, teachers, priests, friends, etc.)

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Name: _____ Telephone: _____

12. Please sign the attached "Release of Information." We will contact you after having spoken with the references you have provided.

Thank you for applying to volunteer your services with Good Shepherd Center for Homeless Women and Children, a program of Catholic Charities of Los Angeles.

Signature of Volunteer Applicant

Date

Signature of GSC/CCLA Representative

Date

GSC Distribution: GSC File (Copy) Program Manager (Copy) HR (Original)

HR use only:

Approved: Yes ___ No ___ Date Contacted: _____ Orientation date: _____

Youth Volunteer: _____ Adult Volunteer: _____ Vehicle Info: _____

Insurance Proof: _____ Supervised by:

Type Supervision: Group _____ Individual _____ How often

Performance Evaluation Complete: _____ Program Evaluation complete: _____