

Volunteer Information

First Name: _____ M. I.: _____ Last Name: _____

Date of Birth (MM/DD/YYYY): _____ / _____ / _____

Parent/Guardian's signature (If under 18): _____

Current Employer: _____

Job Title: _____

My employer has a match program. No Yes

I'm volunteering as part of a group: No Yes: _____

How did you hear about Caritas' volunteer program?

- Caritas Website Internet Search Outreach/Recruitment Event
 Referral from a Friend, Coworker Volunteer Match Community Awareness

Area of Service

- Direct Service Community Advocate Administrative Communications
 Special Events Community Kitchen Intern/Extern Food/Donation Drive
 Drivers/Delivery of Donations

Other Languages

- Amharic Arabic Burmese French
 ASL Nepali Spanish Swahili
 Tigrinya Other _____

Availability

- I am interested in volunteering for one shift (4-6 hours)
 I need to fulfill _____ hours of service
 Court Ordered Community Service Education/Society Requirement
 I am interested in volunteering long-term (weekly for 4-6 months)

Contact Information

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone Number: _____ Home Phone Number: _____

E-mail Address: _____

Emergency Contact Information

Emergency Contact Name: _____

Relationship: Mother Father Significant Other/Spouse Friend Other Relative Sibling

Emergency Contact Home Phone: _____

Emergency Contact Cell Phone: _____

Emergency Contact Work Phone: _____

Signature of Agreement

I certify that the information I have provided on this application is true and correct to the best of my knowledge and that I have neither misrepresented nor withheld information in response to these questions. I acknowledge that I have read, understand, and agree to abide by the enclosed Volunteer Agreement, Volunteer Service Description and any additional paperwork provided to me by the Volunteer Coordinator.

I consent to the use of photographs, video and other forms of media of my child/dependent/self, and/or any copies of this media in any editorial and/or promotional material produced or published by Caritas of Austin. I understand that signing this release does not guarantee publication of the photo. I further understand and agree that, in conjunction with the use photographs or other media, Caritas of Austin may use my name and other identifying information when publishing this content.

I hereby release Caritas of Austin and/or its assignees from any and all claims, damages, liabilities, costs and expenses which relate in any way to the use of the above stated information, material, personal damage, or properties.

Printed Name: _____

Signature: _____ Date: _____