



Catholic Charities of Livingston County
34 East State Street
Mt. Morris, NY 14510
(585) 658-4466

VOLUNTEER REGISTRATION FORM

Name _____, _____, _____
(Last) (First) (MI)

Address _____
(Street) (City, State, Zip)

Phone _____ Email _____

Best time to be reached? _____ Date of Birth _____

Occupation (past, if retired) _____

• Skills and Interests: (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Transport people | <input type="checkbox"/> Mailings | <input type="checkbox"/> Food Pantry (Mt. Morris location) |
| <input type="checkbox"/> Transport furniture | <input type="checkbox"/> Typing, Data entry | <input type="checkbox"/> Board of Directors |
| <input type="checkbox"/> Run errands | <input type="checkbox"/> Clerical | <input type="checkbox"/> Event Planning |
| <input type="checkbox"/> Visit homebound | <input type="checkbox"/> Answer phones | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Mentor a child | <input type="checkbox"/> Marketing | |
| <input type="checkbox"/> Mentor a mom | <input type="checkbox"/> Spanish Translation | |
| <input type="checkbox"/> Home repairs | <input type="checkbox"/> Fundraising | |

• I prefer to work with: (Check all that apply)

- Infants Children Teens Adults Seniors Any Age
 I prefer behind the scenes work

• I prefer to volunteer in the geographical area(s) in Livingston County:

- Avon Caledonia Dansville Geneseo Lima Livonia
 Mt. Morris Nunda Springwater York no preference

• I prefer to volunteer (per month): < 2 hours 2 - 4 hours > 4 hours

Other _____

• I prefer to volunteer in the: mornings afternoons weekends as needed

• Day(s) available: _____

OVER →

• Other information that will help us make a good match (such as education, general interests/hobbies) _____

• If driving, driver's license # _____ Expiration Date _____
Insurance Provider _____

• Have you ever been convicted of a felony or misdemeanor in any jurisdiction?
 Yes No

If "Yes", please list the specific nature and details of the crime(s), date(s), court location, sentencing information, and disposition of sentence on *another sheet of paper*.

• Are there any pending criminal charges filed against you? Yes No

If "Yes" please specify: _____

In case of emergency, contact: **(required)**

Name _____ Relationship _____

Address _____
Street City State Zip

Phone _____ Additional phone _____
(cellular, work, etc.)

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I certify that all statements made by me on this application are true and complete to the best of my knowledge. I understand that misrepresentation or omission of facts called for on this application is cause for rejection of this application or for subsequent dismissal.

I hereby acknowledge that I have read the above statement and understand the same.

Signature of Registrant _____ **Date** _____

It is the policy of Catholic Charities to foster equal volunteer opportunities and affirmative action for applications without regard to race, color, sex, religion, national origin, age or disability.

Please note that certain volunteer assignments will require the applicant to undergo background checks as a prerequisite. Your cooperation is appreciated.