

# Vermont Catholic Charities, Inc.

## APPLICATION FOR VERMONT CATHOLIC CHARITIES VOLUNTEER

This application must be filled out completely, signed and dated by the applicant. Please do not leave any spaces blank.

Name: \_\_\_\_\_  
Last First Middle Initial

\_\_\_\_\_   
Mailing Address: Street Town State/Zip

E-mail address: \_\_\_\_\_

Phone #'s: Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_

Driver License Number: \_\_\_\_\_ State of issue: \_\_\_\_\_

International Driver License: \_\_\_\_\_  
(If applicable)

Country of Issue: \_\_\_\_\_ Date of issue: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Volunteer position for which you are applying:

\_\_\_\_\_

Have you ever applied for a position with us? Yes \_\_\_ No \_\_\_ If so, what? \_\_\_\_\_

### VOLUNTEER and EMPLOYMENT EXPERIENCE

What is your occupation? \_\_\_\_\_ Are you presently employed? \_\_\_\_\_

If so, please state employer's name and address: \_\_\_\_\_

\_\_\_\_\_

If retired, please state last employer's name and address: \_\_\_\_\_

\_\_\_\_\_

How much time do you have to volunteer? (Hours/Days) \_\_\_\_\_

\_\_\_\_\_

Briefly list talents, skills, and hobbies that you may have to share with others: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have an ape preference that you would like to work with? \_\_\_\_\_

Are you volunteering because of: Course requirement \_\_\_\_ Retirement \_\_\_\_ Other \_\_\_\_\_

Please explain: \_\_\_\_\_

Have you been a volunteer in the past? \_\_\_\_\_ If so, please list where and duties. \_\_\_\_\_

Are there any situations that you definitely do not want to be placed in? \_\_\_\_\_

### BACKGROUND INFORMATION

Have you ever been arrested for, or convicted of, the following offenses? NOTE: Successful completions of probation, community supervision, parole and/or deferred adjudication are considered convictions.

Please check all that apply to you:

*Any felony offenses?* \_\_\_\_ *Any illegal drug use or possession?* \_\_\_\_

*Any assault offenses?* \_\_\_\_

*Any offense involving children?* \_\_\_\_ *Any crime of theft, dishonesty or violation of trust?* \_\_\_\_

*Any offense involving abuse of the elderly?* \_\_\_\_ *Any alcohol related offenses?* \_\_\_\_

*Have you ever been the subject of a complaint submitted through Vermont Catholic Charities, Inc., or any other complaint involving allegations of abuse of the elderly or any inappropriate sexual conduct?*

Yes \_\_\_\_ No \_\_\_\_

**Permission for Background Check:** Do you willingly agree to allow the Diocese of Burlington and its agents to conduct a background check which may include any criminal, civil offense driving records, references, and education verification, of both public and private organizations, for the purpose of confirming information contained on my application.

Yes \_\_\_\_ No \_\_\_\_

Your signature below authorizes a background check as described above:

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Professional Licenses / Certifications

License: \_\_\_\_\_ License Number: \_\_\_\_\_

Certification Program

Field of work: \_\_\_\_\_

### EDUCATION

Circle Highest Primary or Secondary Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12

College or University Attended: \_\_\_\_\_

Date s Attended: \_\_\_\_\_

Hours Completed: \_\_\_\_\_ Graduated: Yes / No

Degree(s): \_\_\_\_\_

Special Training or Skills: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **PERSONAL REFERENCES**

Please provide two personal references (not family members) who may be contacted to verify your qualifications.

Name: \_\_\_\_\_

Years Known: \_\_\_\_ Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Years Known: \_\_\_\_ Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Phone Number: \_\_\_\_\_

I give permission for Vermont Catholic Charities, Inc. to contact the above named people, and understand that information received may be related to my character, general reputation, personal characteristics, work history and/or mode of living. I also understand that information received from the above is confidential.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

### **ACKNOWLEDGEMENTS:**

I have been given and have read a copy of the Policies on of Vermont Catholic Charities, Inc. I understand the policies of the VCCI and voluntarily agree to abide by these policies and conduct myself in complete accordance with them and with the VCCI Code of Conduct.

Initials: \_\_\_\_\_

I have been provided with a copy of the Vermont Catholic Charities, Inc. Code of Conduct and have reviewed all of its requirements and have acknowledged the same by my signature.

Initials: \_\_\_\_\_

When you have completed this application, along with the attached documents (Credit/Background Authorization form, Vermont Criminal Information Center form, Consent for Release of Information - Agency of Human Services – form, Public Request for Criminal Conviction Information form), please return all completed forms to the Administrator. Thank you for your willingness to serve Vermont Catholic Charities, Inc..