



# CATHOLIC CHARITIES OF SOUTHEAST TEXAS

2780 Eastex Freeway | Beaumont, Texas 77703 | 409.924.4400 | www.catholiccharitiesbmt.org

## VOLUNTEER APPLICATION FORM

(PLEASE PRINT OR TYPE)

Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_ Applicant's Name \_\_\_\_\_  
First Last

Address \_\_\_\_\_  
Street City State Zip

E-mail address \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

Gender [ ] Male [ ] Female Age [ ] 0-17 yrs. [ ] 18-64 yrs. [ ] 65 & over

Ethnicity [ ] White [ ] African American [ ] Asian [ ] Hispanic [ ] African American/White [ ] Other

Contact, in case of emergency \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

X \_\_\_\_\_  
Signature of Volunteer Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*Please notify us of any change in contact information.*

Program Interested in Volunteering for: \_\_\_\_\_

Special Skills/Experience: \_\_\_\_\_

Are you volunteering on a continual basis or one time only? \_\_\_\_\_

Days and Hours Available: \_\_\_\_\_

Means of Transportation: \_\_\_\_\_

Have you taken the "Protecting God's Children" Workshop?  Yes or  No

How did you hear about Catholic Charities volunteer opportunities? \_\_\_\_\_

**Please mail completed form to: Catholic Charities, 2780 Eastex Freeway, Beaumont, TX 77703**

*For Office Use Only:*

Supervisors Approval: \_\_\_\_\_ Date Reviewed & Approved: \_\_\_\_\_

Rev. 05/08/2014 - jdh

*providing help.  
creating hope.*