



VOLUNTEER INTAKE FORM

Thank you for your interest in volunteering for Catholic Charities of Eastern Virginia. This form is used to collect information about new volunteers and used for internal purposes only. The information you provide is confidential and will be treated accordingly.

VOLUNTEER INFORMATION

Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

E-Mail: _____ **Mobile Phone:** _____

Date of Birth: _____

Spoken Language(s): English Other(s): _____

Volunteer Work or Experience: _____

Do you need to fulfill a specific requirement of volunteer hours?

Student

Other: _____

If yes, how many hours are you required to fulfill: _____

What is the deadline: _____

List any physical or medical limitations: _____

List any special considerations for your volunteering placement: _____

EMERGENCY CONTACT

Emergency Contact Name: _____

Relationship: _____

E-Mail: _____ **Mobile Phone:** _____

AVAILABILITY

List the days and times you are available to volunteer:

Please include details like days of the week or weekend, mornings/afternoons/evenings, or times when you are NOT available. If not specific, please write "varies as schedule permits".

INTERESTS & QUALIFICATIONS

Kind of volunteer assignment desired:

- Language Translation/Interpretation (specify language) _____
- Office Work
- Ground and Minor Maintenance/Repairs
- Disaster Relief Response
- Other

Location Preference: Please check all that apply

- Chesapeake
- Eastern Shore
- Newport News
- Norfolk
- Virginia Beach
- Any

Driver's License? Yes No

Have you ever been convicted of a criminal or traffic offense?

If yes, please explain:

How did you learn about CCEVA Volunteering Opportunities?

- Website
- Email
- Staff member
- Friend/Relative
- Parish/Church
- Event
- Other _____

ACKNOWLEDGEMENT

I certify that the answers given in this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary for the purposes of determining an appropriate and satisfactory volunteer position. I understand that this application is not, and is not intended to be, a contract. I understand that false or misleading information provided in my application or interview may result in my not being able to continue as a volunteer.

I recognize that the opportunity to participate in the CCEVA volunteer program may involve physical labor and may carry a risk of personal injury and I hereby agree to assume all risks which may be associated with my participation.

I hereby release, discharge, waive and relinquish all claims, liabilities and damages I may sustain from bodily injury, personal injury or property damage and hold harmless CCEVA, its officers, directors, employees and agents.

In signing this agreement, I acknowledge that I have read and understand CCEVA's confidentiality policies. I understand and agree that in the performance of my duties as a volunteer, I must hold certain information regarding clients, employees, and volunteers in the strictest confidence. Further, I understand that confidentiality is protected by Federal law (42CFR Part II and Uniform Health Care Information Act), and that any intentional or involuntary violation of the confidentiality with regard to clients, employees, and/or volunteers may result in disciplinary action including suspension and/or termination.

I understand that a background check and drug screening will be conducted.

I will be required to provide a driving record and insurance for positions requiring driving.

Volunteer Signature: _____ Date: _____

Print Name: _____

Have any questions? Call us at (757) 456-2366 x 3016 or email hr@cceva.org

Please email this completed application to hr@cceva.org or mail to:

Catholic Charities of Eastern Virginia
Attention: HR Department
1132 Pickett Road
Norfolk, VA 23502