



**Experience** (Volunteer and/or Employment):

Job Title: \_\_\_\_\_

Name of Organization/Business: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

How did you hear about the Volunteer Services Program at Catholic Charities?

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**References:** (Please provide two references that are not related to you):

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

It is the obligation of Catholic Charities, Diocese of Allentown to ensure confidentiality of all persons who are known to the agency. Policies and procedures assure protection of the privacy of the relationship established between Catholic Charities, its clients, and other relevant bodies. During your volunteer service with Catholic Charities, information you may learn regarding an individual or related to the services of the agency, is to be held in strict confidence. Your responsibility is to report any concerns regarding client information or misuse of client information to the staff person to whom you are accountable.

Before using a personal vehicle for any volunteer assignments, a Vehicle Transportation Form must be completed.

I understand that Catholic Charities' staff will check the above references before I am accepted into the Volunteer Program. I also understand that certain volunteer placements require a Criminal and/or Child Abuse History Clearance. I give permission to Catholic Charities' staff to check my references and send for any necessary clearances.

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

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