



**Migration & Refugee Services**  
Catholic Community Services  
140 W. Speedway, Suite 130  
Tucson, AZ 85705  
(520) 670-0865

**Volunteer Application**

Name \_\_\_\_\_ Date \_\_\_\_\_

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

Day Phone # \_\_\_\_\_ Evening # \_\_\_\_\_ Cell# \_\_\_\_\_

E-mail \_\_\_\_\_ Are you over 18 years of age? \_\_\_ Yes \_\_\_ No

**Areas of interest:** \_\_\_ Collect donations \_\_\_ Community Orientation training \_\_\_\_\_

Mentoring \_\_\_ ESL class \_\_\_ Employment services training \_\_\_\_\_ Job search

\_\_\_ Special Events \_\_\_ Household Shopping \_\_\_ Socialization \_\_\_ Apartment set up

\_\_\_ Appointment transportation assistance \_\_\_ financial education class \_\_\_ Nutrition class

\_\_\_ Office assistance \_\_\_\_\_ Airport reception \_\_\_\_\_ Public bus service training

(Please note we require MVD report and proof of insurance)

Other skills:

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Education:

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Can you meet the physical requirements of the volunteer position you applied for?

\_\_\_\_ Yes    \_\_\_\_ No

Have you ever been convicted of a felony or misdemeanor \_\_\_\_ Yes    \_\_\_\_ No

Employment/Volunteer History \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Dates and times to volunteer:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

References: Please give the names of three persons not related to you.

Name	Phone #	Address	Years known
1. _____			
2. _____			
3. _____			

Who should we contact in case of emergency? Please include name, address and all telephone numbers.

\_\_\_\_\_  
\_\_\_\_\_

I certify that all information provided on this application is true and complete to the best of my knowledge. I understand that if any false information, omissions, or misrepresentation are discovered, my application will be rejected.

I understand that I cannot discuss or provide clients' information without clients' consent. Clients' information is confidential.

I agree to submit monthly activities report to the program

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