

How to Apply to Volunteer at Catholic Charities

Thank you for considering volunteering with us!

Step 1: **Fill out the Volunteer Application.** You can pick up an application at the Administration Reception Desk between the hours of 8:30 am and 4:30 pm, Monday through Friday, or you can download one from the internet – <http://www.catholiccharitiestulsa.org/volunteer>. (Please use an ink pen.)

Step 2: **Bring your completed Volunteer Application to one of our monthly Volunteer Orientation Sessions.** These are held four (4) times a month, both during the day and in the evening, for your convenience. During this session you will be taken on a tour of the campus, the different programs and departments will be explained, and the various volunteer opportunities will be discussed. We will also give an orientation to volunteering at Catholic Charities and discuss the responsibilities and requirements of a volunteer. At the end of the session we clarify your application information so we can do a background check - to ensure safety for our volunteers, staff and clients - and discuss individually what program/department you might volunteer in.

Volunteer Orientation Sessions are:

- The 1st Wednesday of each month at 1pm (1pm-3pm)**
- The 2nd Wednesday of each month at 2pm (2pm-4pm)**
- The 3rd Wednesday of each month at 3pm (3pm to 5pm)**
- The 4th Wednesday of each month at 6pm (6pm-8pm)**

Sessions are held in the Administration Building/Education Center at:

**Catholic Charities
2450 North Harvard
Tulsa, OK 74115**

Step 3: All volunteers for Catholic Charities who work with children are required to complete **Virtus Training** online, a session called "**Protecting God's Children**" session. If you have already attended bring us a copy of your certificate or tell us where and when you attended. If you need to take the training, please ask for the instruction sheet or email volunteer@cctulsa.org and request instructions.

Step 4: **Wait until we contact you**, which can take up to two weeks depending on how many states you have lived in. When the background check is complete (we take care of all the details) and Virtus training has been completed (if needed), we then contact you to schedule times that are mutually beneficial to you and those you will serve. If you have questions please email Robin at Rthoendel@cctulsa.org or Lisa at LLaughrey@cctulsa.org.

VOLUNTEER APPLICATION

Date: ____/____/____

Catholic Charities, Diocese of Tulsa

P.O. Box 580460 (Headquarters located at 2450 North Harvard in Tulsa)

Tulsa, OK 74158

918-949-HOPE (4673)

Fax 918-582-2123

www.CatholicCharitiesTulsa.org

volunteer@CatholicCharitiesTulsa.org



Catholic Charities' Mission is to be Christ's merciful love to those who suffer.

Failure to complete this form in full will prevent us from being able to run your background check which is a requirement to volunteer.

Personal Data

Please print carefully. Thank you!

Name _____ Male _____ Female _____
(first) (middle) (last)

Address _____ City/St _____ Zip Code _____

Other states I have lived in during the past 10 years: _____

Email _____

Phone: Home _____ Cell _____ Work _____

Date of Birth (M/D/Y) ____/____/____ Soc. Sec. # ____-____-____

Drivers License # _____ State _____

Marital Status: (married) _____ (single) _____ (divorced) _____ (widowed) _____ Number of Children: _____

Spouse name _____ Phone _____

Emergency contact (not spouse) _____ Phone _____

Availability: Flexible _____ On-call _____ Specific _____ Special Event(s) _____

Best Time: a.m. _____ p.m. _____ Best Days: M _____ T _____ W _____ Th _____ F _____ Weekends: Sat _____ Sun _____

Any comments on time preferences: _____

Reason(s) for volunteering: _____

Employment Data

Place of Employment (most recent) _____ Phone _____

Job Title/Description _____

Current/Recent Supervisor _____

Educational Data

If Student - Name of School Attending _____ Program/Grade _____

Level of Education Completed _____ Major Study Area _____

Professional licenses/certificates that may enhance your volunteer experience _____

Other Credentials _____

Bi-lingual Skills: (language and skill level) _____

Computer Skills: (skill level/specific program experience) _____

Church Data

I am a member at/attend: _____

Location: _____

My pastor: _____

Church involvement: (Employment or Volunteer tasks - examples: Usher, Lector, cleaning, secretary, etc.) _____

List any pastoral certification(s): _____

Virtus – Protecting God’s Children

NOTE: Volunteer projects involving children or youth will require Virtus Training, which is now available online. Should your role require training, we will forward the online links or schedule a time to do the training in our offices.

Location/date of your Virtus training (if already attended) _____

Volunteer Experience

Please list the name of the service site(s) and briefly describe your volunteer responsibilities at the sites:

1. _____

2. _____

3. _____

References

Professional Reference (not related to you):

Name: _____ Phone: _____

Address: _____

Company: _____ Relationship to you: _____

Personal Reference (not related to you):

Name: _____ Phone: _____

Address: _____

Email: _____ Relationship to you: _____

Applicant Statement/Background Check

The information contained in this volunteer application is correct. I authorize any references listed above to give you any necessary information with reference to my personal character and fitness to volunteer at Catholic Charities, Diocese of Tulsa. I further authorize Catholic Charities to obtain an "investigative consumer report"/"background check" from TRAK-1 TECHNOLOGY or AmericanChecked, Inc., a consumer reporting agency, or from any third party, in strict compliance with both state and federal law. A consumer report is any communication of information by a consumer reporting agency bearing on your eligibility for volunteer purposes. Consumer reports contain public record information. This information is kept in the strictest of confidentiality. For the complete disclaimer, please ask your Volunteer Resources contact.

Applicant's Printed Name _____

Applicant's Signature _____ Date _____

I want to support the mission of Catholic Charities by making a donation of \$49.00 to cover the cost of the background check that will be done *whether or not* I choose to make this gift. Yes No (unable to donate at this time)
Gifts may be made by check, VISA, or MasterCard; please enclose your donation check with your application or click the "Donate" link at www.catholiccharitiestulsa.org to make a credit card donation and choose Volunteer Resources under Designation!

Health Waiver

If I am unable to perform certain volunteer tasks due to my physical or mental health conditions, then I promise to take full responsibility for informing the director of the Catholic Charities program where I am serving or the Volunteer Coordinator, rather than take the risk of any personal injury.

Applicant's Signature _____ Date _____

Volunteer Orientation Sessions are held on:

- The first Wednesday of each month – 1pm to 3pm
- The second Wednesday of each month – 2pm to 4pm
- The third Wednesday of each month – 3pm to 5pm
- The fourth Wednesday of each month- 6pm-8pm

All applicants must reserve their seat at an orientation by visiting the volunteer page of our website at www.cctulsa.org or calling 918.508.7125 to reserve a space.

CATHOLIC CHARITIES, DIOCESE OF TULSA - BACKGROUND QUESTIONNAIRE

Have you ever been convicted of a crime of sexual misconduct/abuse, of physical misconduct/abuse, sexual harassment or exploitation? _____ Yes _____ No

Have you ever been convicted of any other crime (felony/misdemeanor), or will some crime potentially appear on a background check (example: was dismissed, etc.)? _____ Yes _____ No If "Yes" for either question, please explain:

Has any allegation or civil or criminal complaint ever been made against you relating to sexual misconduct/abuse, sexual harassment or exploitation or physical abuse? _____ Yes _____ No If "Yes" please explain:

Have you ever terminated your employment or had your employment terminated for reasons relating to allegations of sexual misconduct/abuse, sexual harassment or exploitation by you, or relating to civil or criminal complaints for sexual or physical misconduct/abuse brought against you by others? _____ Yes _____ No If "Yes" please explain:

Have you ever received any medical treatment, physical or psychological, for reasons involving your physical or sexual misconduct/abuse of others? _____ Yes _____ No If "Yes" please explain:

Please sign below to signify that you personally filled out this document. If you answer yes to any of the above five questions, you may be asked to execute an authorization for an investigation and the release of information concerning your response.

Printed Name: _____

Name of Institution: Catholic Charities, Diocese of Tulsa

Signature: _____

Position Sought/Held: Volunteer

Date: _____



2450 N. Harvard Ave. Tulsa, OK 74158
Tel: 918-508-7125 Fax: 918-582-2123
cctulsa.org

VOLUNTEER LIABILITY RELEASE/CONFIDENTIALITY AGREEMENT/MEDIA POLICY & RELEASE FORM

I hereby indicate my willingness to participate as a volunteer at Catholic Charities Tulsa. I agree that I will follow all policies of Catholic Charities Tulsa, as well as reasonable instructions and directions given by Catholic Charities Tulsa employees. I agree to hold Catholic Charities Tulsa, its employees, volunteers and agents free of any liability in the event of accident, injury, death or personal loss.

I agree to never share confidential information of Catholic Charities without the consent of an authorized representative of Catholic Charities, or as required by operation of law.

I understand that I am not authorized to speak to media regarding any matters involving Catholic Charities, or its employees, representatives or clients, without prior consent of the Mission Advancement Department.

I give consent to Catholic Charities Tulsa to have my photograph taken or to be filmed, on the understanding that it may be used in full or part to promote the work of Catholic Charities Tulsa, and I give my permission for this to be done without further approval by me. If I do not wish to have my photograph taken, or to be filmed, I understand that it is my responsibility to notify the Mission Advancement Department before any photographs or video are taken.

Address_____

City_____ State_____ Zip_____

Phone_____ Email_____

Printed Name_____ Date(DD/MM/YYYY)_____

Signature of Volunteer_____

(Signature is required of all volunteers: if volunteer is under 18, a signature by a parent or legal guardian is also required)

Signature of Parent or Legal Guardian_____

In case of emergency, contact:

Name_____ Relationship_____

Cell_____ Home_____ Email_____