



Volunteer Application – Refugee Resettlement Program

Name and Address	
First Name*	
Last Name*	
Address Line 1	
Address Line 2	
City	
State	
ZIP Code	
Date of Birth	
Telephone	Texts OK? ___Y ___N
Email	
Name of Parish / Place of Worship / Community Group	

Volunteer Interests	
Do you speak another language? Is so, please list:	
Do you have any special skills or interest that would be useful to the clients we serve? Please list.	
How many days a month would you like to volunteer?	
What hours are you available to volunteer?	___ Morning ___ Afternoon ___ Evening
How many hours a day would you like to volunteer?	
Days Available:	___ S ___ M ___ T ___ W ___ T ___ F ___ S
In what capacity would you like to volunteer?	<input type="checkbox"/> Elderly / Senior Services <input type="checkbox"/> Employment <input type="checkbox"/> ESL and After School Tutoring <input type="checkbox"/> Immigration / Legal <input type="checkbox"/> House and Apartment Set Up <input type="checkbox"/> Interpreting <input type="checkbox"/> Mentoring a Family <input type="checkbox"/> Special Project: _____
Please share with us why you would like to volunteer with Catholic Charities' Refugee Resettlement Initiative:	
Please provide the name and telephone number of a personal or professional reference	

Have you ever been convicted of any violation of the law (except minor traffic violations) Yes No

I hereby give Catholic Charities permission to contact any and all former employers, associates, educational institutions, law enforcement agencies, and other individuals and agencies they find necessary in determining my eligibility for volunteer services.

Signature of applicant : _____

Feel free to attach your Resume or CV. * All volunteers are subject to a screening and selection process*
Please email your application to mbiancheri@ccannj.org or fax to 973-482-1970. Thank you!