

Catholic Community Services of Northern Nevada

Volunteer Application



Name: _____

Address: _____

Telephone: (Day) _____ (Evening) _____

Days and times you are available to work: _____

Education (*Circle the highest grade completed*): 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16+

<i>Employment History</i>			
Employer	Duties & Responsibilities	Dates of Employment	

<i>Volunteer Experience</i>			
Organization & Location	Duties & Responsibilities	Dates	

<i>References</i>			
Name	Telephone Number	Relationship	

Areas in which you are most interested in volunteering: (Please circle)
St. Vincent's Food Pantry St. Vincent's Dining Room St. Vincent's Thrift Shop

Please briefly state why you are interested in volunteering for CCSNN:

Volunteers will be required to read and sign statements acknowledging receipt of the CCSNN Safety Manual, Confidentiality Agreement, and Program Policies & Procedures.