Caritas of Austin Volunteer Form

First Name:  M. I.: Last Name:

Date of Birth (MM/DD/YYYY):  Female Male

*\*\*\*Parent/Guardian’s signature (If under 18)\*\*\*:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How did you hear about Caritas of Austin’s volunteer program?**

Caritas of Austin Website Internet Search Outreach event Friend/Coworker

Volunteer Platform Social Media Other:

**I’m interested in volunteering in the following areas:**

Direct Service Administrative Community Kitchen

Intern/Extern Volunteer Driver

**Other than English, I can speak/ I know:**

Fashto Arabic Burmese French ASL

Spanish Swahili Dari Other 

**Volunteer Opportunities**

I am interested in volunteering for one shift in Community Kitchen

I am interested in volunteering long-term during normal business hours

**Volunteer Group Information**

Current Employer/Occupation/Studies: 

My employer has a donation match program: No Yes

My employer has a volunteer match program: No Yes

I’m volunteering as part of a group: No Yes 

Please turn over to fill out back

Contact Information

Address: 

City:  State:  Zip Code: 

Cell Phone Number: Home Phone Number:

E-mail Address: 

**Emergency Contact Information**

Emergency Contact Name:

Relationship: Mother Father Significant Other/Spouse Other

Emergency Contact Phone: 

**Signature of Agreement**

*I certify that the information I have provided on this application is true and correct to the best of my knowledge and that I have neither misrepresented nor withheld information in response to these questions. I acknowledge that I have read, understand, and agree to abide by the enclosed Volunteer Agreement, Volunteer Service Description and any additional paperwork provided to me by the Volunteer Coordinator.*

*I consent to the use of photographs, video and other forms of media of my child/dependent/self, and/or any copies of this media in any editorial and/or promotional material produced or published by Caritas of Austin. I understand that signing this release does not guarantee publication of the photo. I further understand and agree that, in conjunction with the use photographs or other media, Caritas of Austin may use my name and other identifying information when publishing this content.*

*I hereby release Caritas of Austin and/or its assignees from any and all claims, damages, liabilities, costs and expenses which relate in any way to the use of the above stated information, material, personal damage, or properties.* Printed Name: Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: 