



# CATHERINE'S HOUSE

Transitional Housing for Women & Children Who Are Homeless  
a Sponsored Ministry of the Sisters of Mercy

## VOLUNTEER APPLICATION

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home # \_\_\_\_\_

Cell # \_\_\_\_\_

\_\_\_\_\_  
City/State/Zip

E-Mail \_\_\_\_\_

Birth Date: \_\_\_\_\_

Employer: \_\_\_\_\_

### IN CASE OF EMERGENCY CONTACT:

Name	Relationship	Cell #	Home #	Work#
How did you hear about Catherine's House?				
_____				
_____				

We understand that it is our duty to inform our volunteers that Workers' Compensation benefits are not provided for injuries they may incur while performing services for this organization.

Do you give us permission to have a background check run on you? Yes / No \_\_\_\_\_  
Initial

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Witness Signature

\_\_\_\_\_  
Date