

Catholic Social Services of RI



Volunteer Application for Visiting Veteran Corp

Our organization encourages the participation of volunteers who support our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you.

Name: _____

Street Address: _____ City: _____ State: _____ Zip _____

Home Phone: _____ Cell Phone _____ E-mail: _____

Occupation: _____ Employer: _____

Birthday: _____

Are you a Veteran? Yes _____ No _____

Do you have access to transportation? Yes _____ No _____

How did you hear about the Neighborhood Friendly Visitor Program?

Do you belong to a church or synagogue? ___Yes ___No

If yes, name and location: _____

Have you ever worked with older people? Yes _____ No _____

Do you speak a language other than English? Yes _____ No _____

What are your preferences in visiting (check all that apply)

Male _____ Female _____ Homebound _____ Nursing Home _____ Assisted Living _____

Other _____ Preferred Location (s) (City/Town) _____

Why are you interested in volunteering with our program? Include if this is for a school internship, court ordered or school community service. If this is for a school internship, please provide the name of the school and advisor name and contact information:

What do you hope to gain from your experience at Catholic Social Services of RI?

What skills, training, or knowledge do you have that will assist in volunteering?

Please list the day and times that you will be available to volunteer in the chart below:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours						

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with Catholic Social Services of RI that is true, correct, and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by the Catholic Social Services of RI. I understand that a background check might be run prior to my involvement as a volunteer. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a position or my termination as a volunteer.

Signature _____ Date _____

Parental Permission (If under 18 years of age)

This section is required for any person under the age of 18 in order to be considered as a volunteer with Catholic Social Services of RI.

I, _____, agree to that my child _____
PRINT NAME OF PARENT OR GUARDIAN PRINT NAME OF MINOR AGE

May participate as a Volunteer for Catholic Social Services of RI. I have read and understood all the volunteer information provided. I will be responsible for the transportation of my child to and from volunteer jobs and events.

Signature _____ Date _____

Required Supplemental Form for Veterans

Name: _____

What is the highest rank you achieved?

What was your MOS?

When did you serve?

_____ World War II (Dec. 7, 1941 – Dec. 31, 1946)

_____ Korean War (June 27, 1950 – Jan. 31, 1955)

_____ Vietnam (Feb. 28, 1961 – May 7, 1975)

_____ Gulf War (Aug. 2, 1990 – Nov. 11, 1998)

_____ Global War on Terror (Sept. 10, 2001 -)

_____ Peacetime

Did you serve overseas? Yes / No

Did you see combat? Yes / No

Were you a POW? Yes / No

Do you have an honorable discharge? Yes / No

Were you awarded the Purple Heart? Yes / No

Do you belong to any Veteran Service Organizations? Yes / No

If yes, which one(s)?

Please describe your experience visiting veterans, if any.

The veteran you are visiting might want to discuss combat experiences. Are there any situations, if any, in which you might feel uncomfortable?

Please attach a BCI Report with your application!

You may obtain a report from the *Attorney General's Office in Providence or your local Police Department*. You will need a state id or driver's license and a check or money order (the General Attorney's office is a \$5 check made out to BCI, local police departments vary).

Notice: All BCI records are confidential Law-Enforcement Documents. However, these records can be released as follows:

By Mail: 150 South Main Street Providence, RI 02903

A signed and notarized release for information

A copy of photo identification attached to release

One of the following

State Issued Driver's License

State Issued Identification Card

Passport

Check or money order (NO CASH) for \$5.00 payable to BCI

A self-addressed stamped envelope for return.

PLEASE ALLOW 7 BUSINESS DAYS FOR RETURN

In Person: At BCI desk, 150 South Main

One of the following:

State Issued Driver's License

State Issued Identification Card

Passport

Check or money order (NO CASH) for \$5.00 payable to BCI

Please call if you have any questions about the position or the application process and return completed application to:

Linda A'Vant-Deishinni, Outreach Coordinator, 421-7833, x228

Lavant-deishinni@dioceseofprovidence.org

**Diocese of Providence
Catholic Social Services of RI
One Cathedral Square
Providence, RI 02903**

Thank you!