



CARITAS For Children Liaison Application

Name _____

Address _____ City/State _____

Zip _____ Phone (Day) _____ (Eve) _____

E-Mail _____ Birth date _____

Emergency Contact _____ Phone _____

Do you have any limitations that will restrict your volunteering? _____ Please explain _____

Have you every been convicted of a crime? _____ Please explain: _____

How were you referred to us? _____

Why do you want to volunteer here? _____

What skills or talents would you like to use? _____

What do you want to gain from your volunteer experience? _____

Current Employer

Company _____ Address _____

Position _____ Length of Employment _____

Current or Past Volunteer Experiences

Agency _____ Address _____

Position _____ Phone _____ Dates _____

Agency _____ Address _____

Position _____ Phone _____ Dates _____

References (Do not list family or friends)

Name _____ Relationship _____ Phone _____

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The above information is correct and complete to the best of my knowledge, without consequential omissions of any kind. I authorize the organizations and persons named to release any information requested regarding my service, character and qualifications. I understand that the agency may do a background check. I acknowledge that by completing this application the agency is not obligated to offer me a volunteer position.

Signature _____ Date _____

**Please mail form to:
CARITAS For Children
7400 W. National Ave
Milwaukee, WI 53214**

**Thank you for your interest in becoming a Liaison For
CARITAS!**