



Financial Wellness Services
APPLICATION FOR VOLUNTEER SERVICE

Please contact: Christine Shanklin, Volunteer Coordinator

Email: cshanklin@catholiccharitiesoregon.org

Phone: 503.688.2533

Mail: 2740 SE Powell Blvd. Portland, OR 97202

Please complete this questionnaire as completely as you are able and submit it to the volunteer coordinator. Information about Financial Wellness Services is available on our website at www.CatholicCharitiesOregon.org.

Please mark your Volunteer Interest:

Financial Coaching Class Facilitator Class Assistant Other

Name: _____ Today's date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Days): _____ Phone (Eves): _____

Email: _____

Birth date: _____

Where did you learn about volunteer opportunities with Catholic Charities?

Are you interested in a particular program or area of service within our organization? (Please check our website for a list of current needs) _____

Availability: Please place an **X** when you are able to volunteer.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

When are you available to begin volunteering? _____

Please list the name and contact information of a person we may reach in case of an emergency:

Name: _____ How related? _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Days): _____ Phone (Eves): _____

Please list two (2) references, business or personal associates not related to you:

Reference #1

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

How do you know this person? _____

Reference #2

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

How do you know this person? _____

The following questions will give our staff a better idea of any special skills you may be able to offer in order to find you the best volunteer opportunity. Please include any information you feel may be of value.

Do you have prior volunteer experience? _____

Do you speak any language(s) other than English? _____

Do you have any skills, abilities or training that would be of special benefit to the volunteer activities of FWS? _____

Additional information: _____

Thank you for your interest and submitting this application. Upon receiving your application, the Volunteer Coordinator will contact you promptly.