



Catholic Charities
of Cortland County

CARING FOR OUR COMMUNITY ONE PERSON AT A TIME

VOLUNTEER APPLICATION

CONTACT INFORMATION:

Name: _____

Phone Number: _____

Mailing Address: _____

PERSON OR AGENCY THAT REFERRED YOU TO US, IF APPLICABLE: _____

PURPOSE OF VOLUNTEER WORK:

Please explain the purpose of volunteering for the Agency – for example, community service, to satisfy a mandate from probation, etc.

PREFERRED VOLUNTEER SCHEDULE:

Monday Hours: _____

Tuesday Hours: _____

Wednesday Hours: _____

Thursday Hours: _____

Friday Hours: _____

IF YOUR VOLUNTEERISM IS PART OF A MANDATE, TO WHOM SHOULD WE REPORT YOUR HOURS/SCHEDULE?

Name/Agency: _____ Phone: _____

How often should your hours be reported?

Weekly Bi-weekly Monthly Other (Please specify): _____



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I understand that the time I spend at Catholic Charities of Cortland County is on a voluntary basis and that I will not be paid for this time. I also understand that at any time, I may terminate my volunteer relationship with the Agency and that the Agency may do the same.

I understand that any verification of Volunteer work is completed through the Human Resources Department and that reporting my Volunteer work to a source outside of this Agency cannot occur without this verification. Time reports, signed by my volunteer supervisor, must be submitted to Human Resources by the end of the day each Friday. This may be done on paper or electronically. I understand that hours not verified by a supervisor and/or not submitted to Human Resources may not be counted toward my total requirement. Further, I understand that the responsibility to complete and submit these time sheets is mine and mine alone.

I understand that the business conducted at Catholic Charities of Cortland County, the individuals served, and other personal information must remain Confidential at all times. I understand that the Agency is a Drug Free Workplace and that at no time may I report for Volunteer work while under the influence of alcohol or any other substance. I understand that if I am prescribed a medication, such as a controlled substance, which may alter my behavior or ability to complete tasks, I must discuss this with my site supervisor or Human Resources.

As a condition of my Volunteer work I will report suspicious activities to the Corporate Compliance Officer, Amanda Wilson-Yates, at (607) 756-5992 ext. 201. Suspicious activities may include inappropriate employee/client boundaries, fraud, theft, or other activities that may jeopardize the integrity of the Agency.

Should I have any questions or concerns related to my Volunteer activities, I understand that I may contact my site supervisor and/or Human Resources at any time.

Applicant Signature

Date