



Catholic Charities of Santa Clara County

2625 Zanker Road
San Jose, CA 95134
Main Phone: 408-468-0100
E-mail: volunteer@catholiccharitiesscc.org

SINGLE VISIT FORM

Volunteer Coordinator:

Program Name:

We appreciate your interest in volunteering your time to serve others through Catholic Charities. By completing this form you allow us to acknowledge your contribution and to provide a safe environment for you, and all our volunteers, clients, staff and visitors. Thank you.

VOLUNTEER TIME

(Please let us know what time you arrive and what time you complete your volunteer service.)

TIME IN		TIME OUT	
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PERSONAL INFORMATION

TODAY'S DATE:

Name:			
Address: (City, State, Zip)			
Home Phone:	Cell Phone: ()	Email Address:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
VOLUNTEERING AS A GROUP		Name of Group:	
FOR VOLUNTEER YOUNGER THAN 18, ONLY:			
Name of your Middle or High School:		What grade are you in?	

EMERGENCY CONTACT INFORMATION

Contact Name	Relationship	Work Phone	Mobile Phone

APPLICANT'S AGREEMENT

- I agree that if I am in need of medical treatment, I will be directed to or expected to report to the designated medical facility.
- I give permission for any photograph, video, or audio of myself, obtained during volunteer activities, to be used in informational material and for publicity, training and promotional purposes without compensation from Catholic Charities of Santa Clara County and/or its partners.
- By signing this form I agree that the statements & conditions above are true and correct.

<i>Volunteer Signature</i>	<i>Print Name</i>	<i>Date</i>

IF UNDER 18, signature of Parent or Legal Guardian required.

<i>Parent or Legal Guardian</i>	<i>Print Name</i>	<i>Date</i>