



CATHOLIC CHARITIES of the DIOCESE OF ARLINGTON
HOGAR IMMIGRANT SERVICES
VOLUNTEER APPLICATION

Please fill in all information electronically. Use the cursor to highlight indicated fields, left click with your mouse and type in your information. You may type your signature. Please email the form to lwaller@ccda.net or fax it to (571) 229-9443.

Name: (Name) _____

Birth Date: MM/DD/YYYY _____

Home Address: (Address) _____
(Second line) _____

Home Phone: (+##) (Phone number) _____ Cell Phone: (+##) (Phone number) _____

Email: (Email address) _____

Current Occupation: (Occupation) _____ Employer: (Employer) _____

EMERGENCY INFORMATION: Emergency contact: name, phone number address & relationship
(Name), (Phone number), (Address), (Relationship) _____

EDUCATION: Circle highest level completed: Please choose from this drop-down list.
Other: (Other) _____

What is your degree? (Degree) _____ Name of University (University name) _____

List any special training: (Speciality training) _____

VOLUNTEER EXPERIENCE:

Volunteer With: (Volunteer with) _____ Dates: From MM/DD/YYYY to MM/DD/YYYY

Title: (Title) _____ Work Performed: (Work) _____

PARISH (if applicable): (Parish) _____

REFERENCES:

(Name)	Address (Address)	City/State (City/State)	Phone # (Phone number)
(Name)	(Address)	(City/State)	(Phone number)

Where did you learn of this opportunity? ☐ ADVERTISEMENT ☐ FRIEND ☐
☐ RELATIVE ☐ OTHER AGENCY ☐ PARISH BULLETIN ☐
OTHER: (Other) _____

AGREEMENT

I certify the answers given in this Application are true and complete to the best of my knowledge. I authorize investigation of statements contained in this Application as may be necessary to reach a decision regarding it. I realize that false or misleading information may result in discharge. I understand that upon appointment, I am required to abide by all the rules of Diocese of Arlington and adhere to the moral and ethical standards of the Catholic Church.

Click here to enter text.

APPLICANT'S SIGNATURE

MM/DD/YYYY

DATE

ADDENDUM: HOGAR IMMIGRATION SERVICES VOLUNTEER OPPORTUNITY LISTING

INTERESTS: Please indicate with a check your area of interests.

- ☐ ESOL (English for Speakers of Other Languages) Site Coordinator
- ☐ ESOL Teacher
- ☐ Citizenship Teacher
- ☐ ESOL or Citizenship Teaching Assistant
- ☐ Office and Administrative Assistant
- ☐ Legal Assistant
- ☐ Legal Translator/Interpreter Volunteer
- ☐ Naturalization Workshop Volunteer
- ☐ Other/Special skill to share (comment below)

LANGUAGES: Please indicate what other languages (if any) you speak and mark level of proficiency:

(Language) ☐ Fluent ☐ High ☐ Intermediate ☐ Low

(Language) ☐ Fluent ☐ High ☐ Intermediate ☐ Low

Comments: (Comments)

AVAILABILITY: Please indicate when and where you are available to volunteer.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
before 5pm <input type="checkbox"/>	before 5pm <input type="checkbox"/>	before 5pm <input type="checkbox"/>	before 5pm <input type="checkbox"/>	before 5pm <input type="checkbox"/>	before 5pm <input type="checkbox"/>	before 5pm <input type="checkbox"/>
after 5pm <input type="checkbox"/>	after 5pm <input type="checkbox"/>	after 5pm <input type="checkbox"/>	after 5pm <input type="checkbox"/>	after 5pm <input type="checkbox"/>	after 5pm <input type="checkbox"/>	after 5pm <input type="checkbox"/>

☐ Dale City ☐ Fairfax ☐ Springfield ☐ Falls Church ☐ Manassas
☐ Herndon ☐ Sterling ☐ Vienna ☐ Woodbridge

Comments: (Comments)

Please return to: Lisa Ehm Waller
 Manager & Volunteer Coordinator, Education Services
 Catholic Charities, Hogar Immigrant Services
 8251 Shoppers Square
 Manassas, Virginia 20111

Contact Information: Phone: 571-208-1572 X. 102
 Fax: 571-229-9568
 e-mail: lwaller@ccda.net

**DEPARTMENT OF SOCIAL SERVICES
DIVISION OF LICENSING PROGRAM**

SWORN STATEMENT OF AFFIRMATION
Please Print

(Last Name)	(First Name)	(Middle Name)	(Maiden Name)
Last Name	First	Middle	Maiden

(Mailing address)	(Street, P.O. Box#, Apt. #)	(City)	(State)	(Zip Code)
Current Mailing Address	Street, P.O. Box #, Apt. #	City	State	Zip Code

(Mailing address)	(Street, P.O. Box#, Apt. #)	(City)	(State)	(Zip Code)
Name of Licensed/Registered Approved Facility/Provider	Street, P.O. Box #, Apt. #	City	State	Zip Code

1. Have you ever been convicted of or are you the subject of pending charges of any crime within the Commonwealth or any equivalent offense outside the Commonwealth of Virginia?

☐ Yes (convicted in Virginia) ☐ Yes (pending in Virginia) ☐ No

If yes or pending, specify crime(s):
(Specify crime(s))

☐ Yes (convicted outside Virginia) ☐ Yes (pending outside Virginia) ☐ No

If yes or pending, specify crime(s) and state, or other location:
(Specify crime(s) and state/location)

2. Have you ever been the subject of a founded complaint of child abuse or neglect within or outside of the Commonwealth of Virginia?

☐ Yes (in Virginia) ☐ No (in Virginia)
☐ Yes (outside Virginia) ☐ No (outside Virginia)

If yes or pending, specify state, or other location:
(Specify state/location)

I hereby affirm that the information provided on this form is true and complete. I understand that the information is subject to verification.

Click here to enter text.

Signature

MM/DD/YYYY

Date



CATHOLIC CHARITIES, HOGAR IMMIGRANT SERVICES
ESOL and Citizenship Program

VOLUNTEER RISK AWARENESS AGREEMENT

I, (Your name) _____

will offer my time and services as a volunteer to Catholic Charities, Hogar Immigrant Services. I hereby acknowledge and state that I am not their employee, nor am I eligible for any compensation or benefits provided to an employee. As a volunteer, I recognize and acknowledge that I am not being compensated in any manner for services rendered. I further recognize and acknowledge that I am not provided with any form of workers' compensation or disability insurance coverage or other similar insurance program. As a participant in this program, I hereby state that I am aware of and accept the risk inherent in the above program activity.

Liability Coverage

I have been informed that the Diocesan Insurance Program maintains comprehensive general liability insurance, as well as directors and officers insurance, to protect me as a "Covered Person" for my negligent actions covered under these policies, only while acting in the scope of my defined responsibilities, which may result in damage or injury to another person or persons. However, I acknowledge these policies will not protect me for criminal or intentional acts committed by me. I further understand that there may be no insurance coverage for allegation of negligence in claims of sexual abuse activity involving a minor, which would include hiring, retention, and/or supervision of any kind.

Use of Vehicles

I further acknowledge, with regard to any personal vehicle driven by me as a volunteer that in the event of an accident, there is no coverage afforded to me through the Diocesan Master Insurance Program for physical damage sustained to any vehicle involved or liability incurred by me while operating my vehicle.

Reimbursement of Medical Expenses

I recognize and acknowledge there is volunteer accident coverage as well as medical payments coverage available to me in order to compensate me for expenses I incur from deductibles, co-payments, prescription drugs, or medical services not covered through my own health insurance provider(s) for any injury I sustain as a result of performing my services. I agree that any medical coverage(s) I have will be primary and under no circumstance will I seek any contribution from Hogar Immigrant Services, or their insurer, for any medical expenses until all underlying coverage that may or may not apply is exhausted. I acknowledge that the circumstance and levels of coverage may vary and that the Diocese is under no obligation to continue to maintain any such coverage for my medical expenses.

Informed Consent to Medical Treatment

In the event of an injury, I hereby give Catholic Charities, Hogar Immigrant Services full authority to take whatever action they feel is warranted under the circumstances regarding my health and safety if I am not in a condition to give informed consent including but not limited to the application of emergency medical procedures, the admittance to a hospital, or the care of a medical professional at my expense.

Safety

Further, I agree to follow all procedures and safety precautions set forth by the Diocese and Catholic Charities, Hogar Immigrant Services in addition to ensuring the protection of minors from sexual misconduct and/or child abuse in order to conform with the requirements adopted by the United States Conference of Catholic Bishops and Catholic Diocese of Arlington Policy on the Protection of Children/Young People and Prevention of Sexual Misconduct and/or Child Abuse.

I freely execute this Acknowledgment with full knowledge of its content and complete understanding of my status and rights as a volunteer.

[Click here to enter text.](#)

Signature of Participant

Date

Signature of Volunteer Coordinator

Date