



**CATHOLIC HEALTH INITIATIVES – HEALTH AT HOME**  
**VOLUNTEER APPLICATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Please circle below when you are available for volunteering:

Mornings: Mon Tues Wed Thur Fri Sat Sun

Afternoons: Mon Tues Wed Thur Fri Sat Sun

Number of hours/week you are interested in volunteering: \_\_\_\_\_

Do you have an automobile? \_\_\_\_\_

Valid Driver's License & Insurance? \_\_\_\_\_

How did you learn about our Volunteer Program?

Current Volunteer

Website

Newspaper

Community Event

Other: \_\_\_\_\_

Why are you interested in volunteering with us?

Are there any skills/hobbies you would like to share?

## Catholic Health Initiatives Mission Statement:

*The Mission of Health at Home and Catholic Health Initiatives is to nurture the healing ministry of the Church by bringing it new life, energy and viability in the 21<sup>st</sup> century. Fidelity to the Gospel urges us to emphasize human dignity and social justice as we move toward the creation of healthier communities.*

CHI-Health at Home expects all our employees to live the values of **Reverence, Integrity, Compassion and Excellence** at work by:

- Honoring and caring for the dignity of all persons in mind, body, and spirit
- Working together as a team to achieve our goals
- Improving continuously by listening, and asking for and responding to feedback
- Seeking new and better ways to meet the needs of those we serve
- Using our resources wisely
- Understanding how each of our roles contributes to the success of CHI -Health at Home

I sign my name to show my commitment to the Mission CHI-Health at Home and certify all information provided is true, complete, and correct. I understand that falsification or omission of any information may be considered justification for non-acceptance or dismissal as a volunteer and completion of this application process does not guarantee that I have been accepted as a CHI-Health at Home volunteer.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This application is maintained at the agency

Original: 04/19/2012; Revised: 03/10/2015

*There will be no discrimination against an otherwise qualified volunteer by reason of race, ethnicity, sexual orientation, gender, socio-economic status, age, geographic origin, size, ability, religion, or family structure.*