

CATHOLIC HEALTH INITIATIVES – HEALTH AT HOME VOLUNTEER APPLICATION

Last Name: _	First Name:								
Address:								_ Apt#:	
City:			State:				Zip:		
Day Phone: _				_					
Please <u>circle</u>								ng:	
Mornings: N	<i>l</i> lon	Tues	Wed	Thur	Fri	Sat	Sun		
Afternoons: N	<i>l</i> lon	Tues	Wed	Thur	Fri	Sat	Sun		
Number of ho	urs/w	eek you	ı are in	terested	d in v	olunte	ering: _		
Do you have a	an au	tomobi	le?						
Valid Driver's	Lice	nse & I	nsuran	ce?					
How did you l									
Current Volunteer				Website					
Ne Oth								nity Event	
Why are you	inte	rested i	n volu	nteerin	g witl	h us?			
Are there an	y ski	lls/hobl	oies yo	u woul	d like	to sh	are?		

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 21st 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 Miss certify all information provided is true, complete, and falsification or omission of any information may be acceptance or dismissal as a volunteer and complet does not guarantee that I have been accepted as a	I correct. I understand that onsidered justification for nonion of this application process
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.