



## CATHOLIC CHARITIES

Diocese of Metuchen

### VOLUNTEER INFORMATION

\*All information on this sheet to be completed by Program Volunteer Coordinator

#### PERSONAL DATA:

Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address: \_\_\_\_\_ Town/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Ethnicity: Caucasian \_\_\_\_\_ Latino or Hispanic \_\_\_\_\_ Black or African American \_\_\_\_\_  
Asian Pacific \_\_\_\_\_ Other \_\_\_\_\_ (optional)

Volunteer Coordinator: Jennifer Hinton

Program Name: Unity Square Site: New Brunswick

Please check all that apply:

Assignment may include use of Agency vehicle ☐

(If so, required forms must be signed and submitted to Volunteer Office)

Clinical (*Direct contact with client*)

With staff supervision ☐

Without staff supervision ☐

Office Support ☐

Volunteer service requires access to Agency computer ☐

If so, IT has been contacted to open a user account. ☐

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