



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: _____

Program Name: _____ Site: _____

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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