



Catholic Charities Program: _____

Date(s) of Service: _____ Project: _____

Organization Service Application

Name of Organization: _____

Organization Address: _____ Organization Phone Number: _____

Point of Contact: _____ Phone Number: _____

Volunteer First/Last Name	E-Mail Address	Phone Number	<i>Street/City/State/Zip</i> Address	<i>MM/DD/YYYY</i> DOB	Checkmark if under 18
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

Please complete a Parental Consent Form for each minor (under age of 18): CatholicCharitiesWichita.org