Catholic Charities Program: _____

Ongoing Organization Service Application

Name of Organization: _____

Organization Address: _____

Organization Phone Number: _____

Point of Contact: _____ Phone Number: _____

Volunteer Name:	Emergency Contact:	Emergency Contact Number:	Check if under 18:

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

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