



Catholic Charities
Archdiocese of New Orleans

S tudents

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R eflexive

V olunteer

E xperiences



FAX Application To: 504-523-2789

Complete Application On-Line: www.ccano.org/highschool_service.htm

SERVE VOLUNTEER APPLICATION

1. PERSONAL DATA

Name (First, Middle, Last Name) _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____ Other _____
 E-mail Address _____ T-Shirt Size (S, M, L, XL) _____

HIGH SCHOOL: _____ **SERVE Requirement:** Must be at least incoming High School Freshman

2. WEEK/PROGRAM OF CHOICE ~ Please check one camp/site in week you wish to attend.
 You may register for multiple weeks, but only one site per week.

June 7-11 SERVE	June 14-18 SERVE	June 21-25 Mini SERVE-20 hrs.	June 28-July 2 SERVE	July 6-10 Mini SERVE-15 hrs.
<input type="checkbox"/> Operation Helping Hands (Must be 15+) Summer Witness <input type="checkbox"/> St. Joan of Arc (Carrollton Area) <input type="checkbox"/> Our Lady of Prompt Succor (Westwego-Westbank)	<input type="checkbox"/> Operation Helping Hands (Must be 15+) Summer Witness <input type="checkbox"/> St. Joan of Arc (Carrollton Area) <input type="checkbox"/> Our Lady of Prompt Succor (Westwego-Westbank)	<input type="checkbox"/> Louise Head Start <input type="checkbox"/> El Yo Yo Head Start <input type="checkbox"/> Incarnate Word Head Start <input type="checkbox"/> St. John the Baptist Head Start	<input type="checkbox"/> Operation Helping Hands (Must be 15+) Summer Witness <input type="checkbox"/> St. Joan of Arc (Carrollton Area) <input type="checkbox"/> Our Lady of Prompt Succor (Westwego-Westbank)	Second Harvest Freshman or Sophomore Only! Tuesday-Saturday <input type="checkbox"/> 9 a.m. – 12 noon <input type="checkbox"/> 1 p.m. – 4 p.m. CHOOSE MORNING OR EVENING SHIFT CANNOT DO BOTH

DEADLINE FOR REGISTRATION: April 30, 2010 or When Full FEE PER SESSION (Must Accompany Registration): SERVE - \$25 Mini-SERVE - \$15 NON-REFUNDABLE

3. EMERGENCY CONTACT – PARENT/GUARDIAN

In case of emergency, please notify _____
 Day-Time Phone _____ Evening Phone _____ Cell Phone _____

How did you hear about SERVE? _____

4. BACKGROUND, EDUCATION, EXPERIENCE

Are you 15 years or older? Yes No
 Grade next school year Freshman Sophomore Junior Senior

5. CERTIFICATION

I hereby certify that the above information is true and complete to the best of my knowledge. I understand that any false or misleading statement which I have supplied can be grounds for denying volunteer placement or termination of volunteer work.

 Signature Date

You are not required to complete this section. This information is for statistical purposes only.

Sex: Male Female
Race: Caucasian Black Asian Hispanic Other
Disability: No Yes Please specify: _____

Volunteer Services of Catholic Charities does not discriminate against applicants by reason of race, color, age, sexual orientation, sex, religion, national origin, or disability status.