



**Catholic Charities**  
EASTERN WASHINGTON

**Catholic Charities Eastern Washington  
Service Crew Application for 2019-2020 School Year**

Name: \_\_\_\_\_  
Last MI First

Date of Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
mm/dd/yyyy

Mailing Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

School name: \_\_\_\_\_ Year in School: \_\_\_\_\_

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**ESSAY QUESTIONS:**

**In the space provided, please answer the following questions.**

- 1. What is your personal philosophy regarding community service?**
- 2. Why are you interested in joining the Service Crew?**

- 3. Please list any previous volunteer experience. If you have never volunteered, please share your personal goals for volunteer service:**
- 4. What are your extracurricular commitments for the coming school year?**
- 5. How many hours would you like to volunteer each month?**
- 6. What is your favorite quote?**



**STUDENT VOLUNTEER PROGRAM  
PARENTAL ACKNOWLEDGEMENT/PERMISSION FORM**

*(Along with the volunteer application, this form is required for all high school students ages 16 and 17.)*

I give permission for \_\_\_\_\_ (Name of Student) to work as a volunteer for Catholic Charities Eastern Washington in the Service Crew Program.

I am aware that he/she will be working as a volunteer at this program. I understand that he/she is registered as a volunteer covered by supplemental insurance and will be provided a short orientation prior to beginning volunteer work. To the best of my knowledge, he/she has not been convicted of any crimes against persons or property.

I, my personal representatives, heirs and assigns do hereby agree to protect, defend, hold harmless and fully indemnify Catholic Charities Eastern Washington, its programs, agents, officers, employees, insurers, and assigns, for any claim or cause of action arising out of strict liability or ordinary negligence in any way connected with my child's volunteer activity which causes my child physical harm or property damage. I further agree to release, hold harmless and indemnify Catholic Charities Eastern Washington, its programs, agents, officers, employees, insurers, and assigns, from any claim, judgment or expenses which may be incurred by my child's participation in said activity.

\_\_\_\_\_  
Signature of Student Volunteer

\_\_\_\_\_  
Age

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Name of Parent/Guardian (please print)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**☐ A PHOTOCOPY OF YOUR CURRENT DRIVER'S LICENSE OR I.D. CARD MUST ACCOMPANY THIS APPLICATION.**

*Thank you for your application! We will contact you by email to let you know if you have been selected.*

**Please mail completed application and copy of i.d. to:**

Catholic Charities Eastern Washington, Attn: Sarah Yerden/Assistant Director of Development & Communications, 12 E. 5<sup>th</sup> Ave, PO BOX 2253 Spokane, WA, 99210-2253

**OR email a scanned copy to [sarah.yerden@cceasternwa.org](mailto:sarah.yerden@cceasternwa.org)**

For questions please contact Sarah Yerden 509-455-3039 | [sarah.yerden@cceasternwa.org](mailto:sarah.yerden@cceasternwa.org)