



**ARCHDIOCESE
OF PORTLAND IN**
OREGON



Catholic Charities

**Parish Visitor For Those Who Are Homebound
VOLUNTEER APPLICATION**

Name _____

Address _____

City _____ Zip _____

Cell Phone _____ Home _____

Email _____

In an emergency notify _____

Relationship _____

Cell Phone _____

Why do you want to volunteer in this ministry?

Are there skills you have or previous experiences that you think might contribute to your work in this ministry?

Do you speak any language other than English? _____

What Language? _____

Availability? _____

Comments: _____

The coordinator should talk to the candidate using the application information, the questions, the interview guide questions, and the role description as the basis for the discussion. Discuss availability and give an overview of the program. Also, be sure you give the volunteer a copy of the role description.

Interview Guide Questions

The information gathered from the following questions will help you decide if the potential volunteer is a good match for service in visitation. There is a place on the back of the application to record the volunteer's responses. Remember, all records are public information.

1. What particular gifts do you bring to this ministry?

2. What previous experiences have you had that you think might contribute to your work in this ministry?

3. What uncertainties and hesitations do you have about visiting the sick and homebound?

4. Are you willing to participate in training?

5. Are there particular learnings you would like to experience to prepare you to serve in this ministry?

6. Would you be willing to participate in on-going ministry reflection/support groups?

7. What are your preferences regarding visitation?
 Homebound
 Male
 Female
 Special Need/Disability

8. What would be your hopes for yourself as you serve in this ministry during the upcoming year?

- Adapted from the Archdiocese of Boston's Resource Packet - "In Support of Visitation Ministry"



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PARISH VISITOR CONFIDENTIALITY STATEMENT

As a volunteer Parish Visitor, I agree to honor and maintain confidentiality in all matters. I may only share information necessary to protect the well-being of the person I visit with appropriate persons. Other information may be shared as permission is given by the individual visited.

I have been instructed that I must not share personal information about the visit in casual conversation with other volunteers, parishioners, friends or family. I have read and understand the above statement, as well as the confidentiality section in the parish-based volunteer visitor handbook.

Parish Visitor

Date