



# Catholic Charities of Southern Missouri

*Reaching Out. Providing Hope. Changing Lives.*

## VOLUNTEER APPLICATION FORM

Please complete this application form if you are interested in being a Catholic Charities volunteer.

<b>Office Use Only:</b>
Location: _____
Background Check:    I    II    III
Submitted By: _____
Date: _____      Initial: _____
Confirmed <input type="checkbox"/> Denied <input type="checkbox"/>

### Contact Information

Preferred Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Under 18? No Yes    Parent/Guardian signature required

Preferred Method of Contact: \_\_\_\_\_

List specific skills:

\_\_\_\_\_

\_\_\_\_\_

Reason for Volunteering: Check all that apply

- Internship/Practicum Service                       Service Learning
- Volunteer (more than 40 hrs.)       Volunteer (less than 40 hours)       Other \_\_\_\_\_  
(Please specify)

Location: Select one

- LifeHouse     Springfield     Joplin     Van Buren     Sikeston     Cape Girardeau     Other

### Volunteer Opportunities

Please mark all your areas where you would like to volunteer.

Note: Descriptions are available on separate sheet.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Financial Planning  | <input type="checkbox"/> Mentor                | <input type="checkbox"/> Office Help/Clerical      |
| <input type="checkbox"/> Job Skills          | <input type="checkbox"/> Baking/Cooking        | <input type="checkbox"/> Child Care                |
| <input type="checkbox"/> Exercise/Aerobics   | <input type="checkbox"/> Arts/Crafts           | <input type="checkbox"/> House Cleaning            |
| <input type="checkbox"/> Tutoring            | <input type="checkbox"/> Yard Work             | <input type="checkbox"/> Decorating                |
| <input type="checkbox"/> Plumbing/Electrical | <input type="checkbox"/> Fund Raising          | <input type="checkbox"/> Home Rebuilt/Construction |
| <input type="checkbox"/> Events Planning     | <input type="checkbox"/> Retail Store (Joplin) | <input type="checkbox"/> Home Maintenance/Repair   |
| <input type="checkbox"/> Other               |  |  |

### Availability

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Morning:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I am interested in helping:

Special Events     Weekly     Monthly     Daily

Is this  ongoing or for a  specific period of time: \_\_\_\_\_ (dates)

Please indicate other information relevant to your availability: \_\_\_\_\_

How did you hear about us and our volunteer program? \_\_\_\_\_

List any previous or current volunteer experience: \_\_\_\_\_

If under 18 please include Parent/Guardian information below first.

**Emergency Contacts:** Please provide information for two emergency contacts.

	Name/Relationship	Phone(s)	Email
#1			
#2			

**References:** Volunteers who are applying for CCSOMO programs are required to provide 3 personal and/or professional references

	Name/Relationship	Phone(s)	Email
#1			
#2			
#3			

### Required Medical Coverage

Volunteer understands and agrees that Catholic Charities of Southern Missouri (CCSOMO) does not provide health insurance coverage or workers compensation coverage to volunteers. As such, all volunteers should have their own medical insurance. If a volunteer requires medical/hospital attention due to an incident that occurs while volunteering for CCSOMO, whether it was direct result of the work they were instructed to do or not, that volunteer's own carrier will be responsible for all medical coverage. The volunteer is expected to report any injury while volunteering immediately to their supervising staff person.

I have read and understand the Required Medical Coverage and state that I have applicable coverage or have made a decision not to carry such coverage and am aware of the risks involved in that decision.

\_\_\_\_\_ (initial)

## Release of Liability

In consideration for participating as a volunteer for CCSOMO, I do hereby release and discharge CCSOMO, and any related entities, whether separately incorporated or not, including but not limited to CCSOMO and related entities' members, directors, officers, executives, administrators, employees, agents, representatives, volunteers, insurers, re-insurers and/or self-insurance administrators and/or representatives and assignees (collectively referred to as the "Releasees") from any and all liability and from all claims and demands for damages and injury to me (or my minor child), (including but not limited to the following: physical injury, mental injury, death, property damage) as a result of or arising out of my (or my minor child's) willful participation in a volunteer activity or effort, even if the cause or damages or injuries are alleged to be the fault of or caused by the negligence or carelessness of the Releasees. I further acknowledge that I have reviewed such "Release of Liability", and I do willfully elect to participate as a CCSOMO volunteer at my own risk.

I have read and understand the Release of Liability. \_\_\_\_\_ (Signature)

Print Name of Person under age 18: \_\_\_\_\_

Print Name of Parent or Guardian: \_\_\_\_\_

## Confidentiality Guidelines

Respect for confidentiality is an important ethical principle that guides all CCSOMO activities and provisions of service to clients. CCSOMO strives to protect the privacy of the relationships established with clients, employees, volunteers and other related groups. This means that the identity and records of clients of CCSOMO are to be protected. If you encounter someone known, it is preferable to let that person greet you first, as he/she may not wish to acknowledge knowing you. Encounters with persons who are clients and identifying information about clients should not be discussed except, when the work requires it, with CCSOMO staff members or other volunteers.

Regarding other types of information, CCSOMO has identified specific employed personnel as responsible for releasing any information. A volunteer must always refer requests for information to an appropriate employee, generally the person supervising the volunteer's work. It is the policy of CCSOMO to share confidential information only on a "need-to-know" basis and as directed by law.

I have read and understand the Confidentiality Guidelines. \_\_\_\_\_ (initial)

## Demographic Information

It is the policy of CCSOMO to provide equal opportunity for all without regard to race, color, religion, national origin, sex, disability, age, or any other afforded by applicable federal, state or local law.

The requested information below is voluntary. This information will only be used for reporting purposes.

Gender:      Male Female

Race/National Origin:      American Indian/Alaska Native Asian    Black/African American

Native Hawaiian/Other Pacific Islander    White      Hispanic/Latino

Two or more (not Latino/Hispanic)      other

