

**CATHOLIC CHARITIES OF THE DIOCESE OF RALEIGH**

**Application for Volunteer Service - Level A**

Name: \_\_\_\_\_  
Best Phone Number: \_\_\_\_\_  
Email Address \_\_\_\_\_  
Volunteer Site/Location: \_\_\_\_\_  
Emergency Contact Name \_\_\_\_\_  
Emergency Contact Phone Number \_\_\_\_\_

Please obtain the name of your Level C Adult Supervisor while you are volunteering, this is the person to whom you will speak to if you have any items of concern.

Has a civil lawsuit or employment complaint ever been filed against you for child abuse or sexual abuse?  
(Choose One) YES NO

If yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been charged with a crime related to child abuse or sexual abuse?  
(Choose One) YES NO

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever left an assignment or employment or been removed from an assignment or employment for reasons related to allegations of child abuse, physical abuse, or sexual abuse?

(Choose One) YES NO

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that in signing this Personal Information Sheet, I affirm that the information I have given is true and correct.

I also understand that any misrepresentation, falsification, or omission in any of this information may result in the termination of my volunteer ministry.

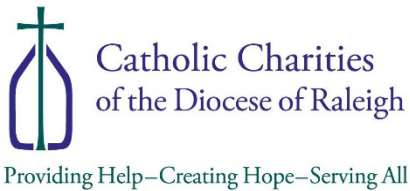
\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Media Release:** I understand that my photograph may be published on multiple Catholic Charities or Diocese of Raleigh media outlets including websites, social media, and printed materials. The photograph is protected by a copyright notice when published. My first name may appear near the photograph. The photo will not be used in any other way. I grant permission without compensation for the printed publishing as described above.

**Volunteer Signature:** \_\_\_\_\_

**I prefer not to be photographed:**



### **Confidentiality Policy**

It is the policy of Catholic Charities of the Diocese of Raleigh to respect the privacy of our clients, former clients, donors, employees, volunteers, and board members. Employees, volunteers, and board members of Catholic Charities may be exposed to personal information, including protected health information, financial/business information, and privileged and/or proprietary information. This information is confidential and should not be disclosed or discussed, both during and after employment or volunteer service, with anyone without permission or authorization from an individual's supervisor or the Chief Executive Officer.

All privileged or confidential information must be returned to Catholic Charities of the Diocese of Raleigh at the time of separation from employment or expiration of service. Care shall also be taken to ensure that unauthorized individuals do not overhear any discussion of confidential information and that documents containing confidential information are not left in the open or inadvertently shared.

Unauthorized disclosure of confidential or privileged information is a serious violation of this policy and will subject the person(s) who made the unauthorized disclosure to appropriate discipline, including the potential separation of employment or service with Catholic Charities.

#### **Certification**

I have read the Catholic Charities of the Diocese of Raleigh's policy on confidentiality presented above. I agree to abide by the requirements and inform my supervisor immediately if I believe any violation (unintentional or otherwise) has occurred. I understand that violation of this will lead to disciplinary action, including the potential separation of my employment or service with Catholic Charities of the Diocese of Raleigh.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## NCCV Volunteer Skills Questionnaire

It is helpful for planning purposes to understand the skills which our volunteers possess so we can best align your skills with available projects. Please complete the form below.

Skill	Yes	Limited	No	I am uncomfortable with this work.
<b>Early Response Trained Skills</b>				
Chainsaw Operator				
Clean-Up / General Helper				
Equipment Maintenance				
Generator Operation				
Roof Tarper				
<b>Basic Skills</b>				
Debris Removal				
Demolition				
Painter				
<b>Do It Yourselfer's (DIYs)</b>				
Carpenter				
Sheet Rock Installer				
Sheetrock Finisher				
Door/Window Installer				
<b>Licensed/ Professional</b>				
Electrician				
Mason				
Painter				
Plumber				
Roofer				
Foundation/ Masonry				
Residential Construction				
HVAC Installation				
<b>Other</b>				
Bilingual				

**MEDICAL HISTORY, INFORMATION, and RELEASE FORM**

Other health issues and/ or physical limitations to be aware of (illness etc.)

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Please check if this applies.

I am covered by hospitalization and medical insurance under policy #: \_\_\_\_\_  
issued by \_\_\_\_\_. The subscriber's name is \_\_\_\_\_.  
The family physician is \_\_\_\_\_ and he/she can be reached at # \_\_\_\_\_.

Allergies / Food Restrictions

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Other medications to be aware of:

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Blood Type \_\_\_\_\_ I am diabetic: Yes  No

I have a history of seizures: Yes  No

I consider myself healthy enough to fulfill my responsibilities on the volunteer project.

Yes  No

I give my permission, in case of an emergency, to be taken to a physician or hospital by either the supervisor in charge or by an adult chaperone of \_\_\_\_\_. I understand that every effort will be made to reach out to the emergency contact. If the emergency contact cannot be reached, however, I hereby give permission to the physician selected by the supervisor in charge or adult chaperone(s) to hospitalize and secure proper treatment (including surgery) for myself. The cost of any necessary medical care or treatment for myself will be my expense.

I certify that all the above information is correct.

Participant Signature \_\_\_\_\_ Date: \_\_\_\_\_

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK  
AND HOLD HARMLESS AGREEMENT FOR VOLUNTEER**

Dates of Activity:

Name of Volunteer:

I wish to volunteer for the NC Catholics Volunteer program. I realize that there are numerous risks involved with the NC Catholics Volunteer program, including those that may arise due to the negligence of Catholic Charities of the Diocese of Raleigh, the negligence of its employees, agents, or other volunteers or my own negligence. These risks could involve (but are not limited to): illness due to exposure to disease, spores, molds and fungi, sprains, contusions, broken bones, lacerations, concussions, permanent disability, internal injuries, paralysis and possibly death; exposure to toxic environmental conditions; exposure to emotionally disturbing conditions or persons; lack of potable water, electricity, running water or sewage; and harsh sleeping conditions. These risks could impair my future ability to earn a living, engage in business, social and recreational activities and to generally enjoy life. I am aware of the various risks and potential injuries that may result from participation with NC Catholics Volunteer.

I assume all responsibility and certify that I am in suitable, good physical condition to actively participate in the NC Catholics Volunteer program.

**I agree to accept all the previously mentioned risks as a condition of my participation in the NC Catholics Volunteer program.**

I certify that I have adequate health and disability insurance that will respond to any illness or injury that may occur during the NC Catholics Volunteer program.

I fully understand that the Catholic Charities of the Diocese of Raleigh is not providing any health, accident, or disability insurance for me personally in connection with the NC Catholics Volunteer projects. I understand that any and all incidents involving a personal vehicle will fall under my own auto policy and will not be covered by Catholic Charities of the Diocese of Raleigh or the Diocese of Raleigh.

**I agree to protect, defend, hold harmless and fully indemnify Catholic Charities of the Diocese of Raleigh, Bishop Luis F. Zarama, and the Diocese of Raleigh for any claim or cause of action whatsoever arising out of participation in the NC Catholics Volunteer program, which takes place during the above identified dates, that is brought against Catholic Charities of the Diocese of Raleigh, Bishop Luis F. Zarama, and the Diocese of Raleigh by me, or my family members, whether such claim arises from the alleged negligence of the Catholic Charities of the Diocese of Raleigh, the negligence of its employees, agents, or other volunteers or my own negligence.**

**I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.**

Signature of Volunteer \_\_\_\_\_ Date \_\_\_\_\_



**\*For Office Use Only\***

**CHECK LIST FOR NCCV VOLUNTEERS – LEVEL A**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

Catholic Charities Location: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Days Will Be Working: \_\_\_\_\_

<b>TO BE COMPLETED BEFORE A VOLUNTEER CAN BEGIN AT ANY SITE</b>	
1. Application for Volunteer Service	
2. Confidentiality Agreement	
3. Volunteer Skills Questionnaire	
4. Medical History, Information, and Release Form (Completed Catholic Charities Form or Sponsoring Organization Equivalent Form)	
5. Liability Release Form	