

CATHOLIC CHARITIES OF THE DIOCESE OF RALEIGH
Application for Volunteer Service – Youth (Ages 16 and 17)

Volunteer Location: _____

Youth's Name: _____

Date of Birth: ___ / ___ / _____

Address: _____

Phone: _____ E-mail Address _____

Parent Legal Guardian (check one)

Full Name _____

Phone Number: _____ Email Address _____

Emergency Contact

Full Name _____

Phone Number: _____ Relationship _____

Participant Release

Please read/understand and initial the following:

I give permission for my son/daughter (print full name) _____ to volunteer with Catholic Charities:

on this date _____.

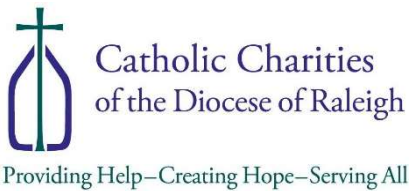
beginning date _____ (valid for up to one year).

_____ I understand that Catholic Charities of the Diocese of Raleigh and its staff are committed to providing fun, safe, and educational experiences. To help ensure the safety of all concerned, I understand that if my child is in possession of drugs, alcohol, or tobacco products, engages in illegal, immoral, or offensive behavior, or refuses to follow the directions given by staff or volunteers while participating in this event, I will be contacted to pick up my child immediately.

_____ As parent/guardian, I understand that promotional pictures (individual and group) may be taken. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, website, social media, etc.). The photograph is protected by a copyright notice on the website. My son's/daughter's first name may appear near the photograph. I grant permission without compensation for the publishing as described above.

_____ I prefer that my child not to be photographed:

Signature of Parent/Guardian _____ Date _____



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.
Early Response Trained Skills				
Chainsaw Operator				
Clean-Up / General Helper				
Equipment Maintenance				
Generator Operation				
Roof Tarper				
Basic Skills				
Debris Removal				
Demolition				
Painter				
Do It Yourself's (DIYs)				
Carpenter				
Sheet Rock Installer				
Sheetrock Finisher				
Door/Window Installer				
Licensed/ Professional				
Electrician				
Mason				
Painter				
Plumber				
Roofer				
Foundation/ Masonry				
Residential Construction				
HVAC Installation				
Other				
Bilingual				

YOUTH MEDICAL HISTORY, INFORMATION, and RELEASE FORM

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

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

Other medications to be aware of:

Medical Treatment Preferences

Medications: My child will be taking medications at present during this event. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise direction for seeing that the child takes such medications, including dosage and frequency of dosage are as follows:

Blood Type _____ My child is diabetic: Yes No

My child has a history of seizures: Yes No

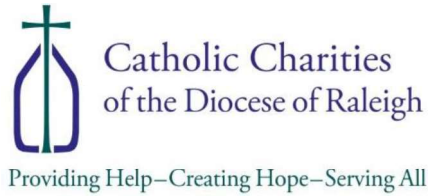
I consider my child healthy enough to fulfill my responsibilities on the volunteer project. Yes No

I give my permission for my child, 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
(Agency Name)

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 my child. The cost of any necessary medical care or treatment for my child will be my expense.

I certify that all the above information is correct.

Parent / Guardian Signature _____ Date: _____



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

Dates of Activity:

Name of Volunteer:

I wish for my child 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 child's 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 my child's participation with NC Catholics Volunteer.

I assume all responsibility for my child and certify that my child is 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 child's participation in the NC Catholics Volunteer program.

I certify that my child has 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 my child 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 Parent / Guardian _____ Date _____

Name of Minor Child _____



For Office Use Only

**CHECK LIST FOR NCCV VOLUNTEERS
YOUTH (Ages 16 and 17)**

Name: _____ Phone #: _____

Address: _____ City: _____ State: _____ ZIP _____

Catholic Charities Location: _____

Supervisor: _____

Responsibilities: _____

Days Will Be Working: _____

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