Catholic Charities Program: _____

Start Date: _____

Organization Service Application

Name of Organization: _____

Organization Address: _____

Organization Phone Number: _____

Point of Contact: _____ **Phone Number:** _____

Volunteer Name	Address	M/F	DOB
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2.			
3.			
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My signature below indicates that I understand and agree to the following terms:

I will agree and abide by the Code of Conduct as stated below:

1. I have no direct or indirect interest in the assets, leases, business transactions or professional services of Catholic Charities Inc. except in the course of my volunteer duties. I am not receiving payment for my volunteer duties at the agency. I will not exchange money with clients of the agency.
2. I have not received honoraria or preferential treatment in application for and receipt of agency services, or client referral fees. I have not received and will not accept any gifts in return for my volunteer duties at the agency.
3. I have not and will not conduct private practice or the business of my employment on agency premises.
4. I shall maintain only professional, business relationships with clients of the agency. I will not meet with clients off agency property except during organized agency activities.
5. I shall maintain confidentiality of agency business and all information about clients except as required by law.
6. I have received the Catholic Charities Inc. brochure on privacy and confidentiality, which includes information on HIPPA.
7. I shall discuss with the program director any concerns or questions I have regarding the Code of Conduct.

I agree that Catholic Charities Inc. may photograph and/or video, release voice recordings and/or written materials for use as follows: publications, marketing and or advertising. I further agree:

- Volunteer hereby grants Catholic Charities Inc. and its designees the right to use, re-use, publish and re-publish the information identified above in whole or in part, individually or in conjunction with other written materials, photographs or images, in an medium and for any purpose whatsoever, including, but not limited to, illustration, promotion, advertising, and marketing.
- Volunteer hereby releases Catholic Charities Inc. and its designees from any and all claims and demands arising out of our in connection with the use of such information identified above, including, but not limited to, any claims for defamation or invasion of privacy.
- Volunteer acknowledges that he/she has signed this consent voluntarily.
- Volunteer acknowledges that he/she is of legal age and has read the foregoing and fully understands the contents thereof.

Furthermore, I authorize Catholic Charities Inc. to seek emergency medical treatment in case of accident, injury or illness. I understand that if I am injured while acting as an unpaid member of the volunteer staff, I agree to seek medical attention as requested by the program volunteer coordinator according to the incident policy.

I understand that all entries on this application are true and complete. I understand any falsification of this information may cause forfeiture of my volunteer service with Catholic Charities Inc.

Signature_____ Date:_____

Please print your name:_____

Organization Volunteer Affiliation: _____

CATHOLIC CHARITIES, INC.
Parental Consent

(For any volunteer under the age of 18 years, this consent and release must be completed and signed by the parent and /or guardian of the volunteer and filed with Catholic Charities Inc., before such volunteer may begin service.)

Name of Volunteer: _____ Birthdate: _____

Address**:** _____ Zip: _____

Home Phone: _____ Group Name or School: _____

Emergency Contact:_____ Phone:

Medical Information (Allergies, etc.):_____

The undersigned parent or guardian of the above-named minor, in consideration of Catholic Charities Inc., is willing to permit the above-named minor to participate as a volunteer in any of its programs, does hereby waive, release and discharge Catholic Charities, Inc., its officers and employees, from any and all claims, rights or causes of actions that might accrue to said volunteer, or the parents of the volunteer, as a result of any personal injuries, loss of life, or loss of property while participating in the volunteer program.

The undersigned parent or guardian further agrees to indemnify Catholic Charities Inc., its agents or employees, from any loss, liability, damage or cost that they may incur by reason of the volunteer's participation in any of their programs.

The undersigned clearly understands the risks that may be associated with the program and agrees to allow the above-named minor to be a volunteer and to participate in the volunteer program. It is further agreed that no suit or action shall be instituted by me or others on my behalf or on behalf of the volunteer.

The undersigned parent or guardian does hereby give consent and authorization to any management employee of Catholic Charities Inc., to select a physician and to consent in our place the performing of any and all medical services, including surgical procedures and prescribing medication, upon the above-named minor, deemed by any one of the above to be necessary and desirable to protect the health and physical well-being of the above-named minor.

Signature of Parent or Guardian: **Date:**

_____ _____

Attention: If you are bringing children please fill out this form for each child.