

CATHOLIC CHARITIES OF THE DIOCESE OF RALEIGH

Application for Volunteer Service

Volunteers – consult with your supervisor as to which sections to complete

Part A – remote or occasional volunteers / Parts A & B – supervised volunteers

Part A

Name: _____
Address: _____
City: _____ State _____ Zip _____
Day Phone: _____ Evening Phone _____
Cell Phone: _____ E-mail Address _____
Emergency Contact _____ phone _____
Work Location: _____

Has a civil lawsuit or employment complaint ever been filed against you for child abuse or sexual abuse? _____

If yes, give details: _____

Have you ever been convicted of a crime related to child abuse or sexual abuse? _____

If yes, give details: _____

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? _____

If yes, give details: _____

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

Applicant Signature

Date



Catholic Charities
of the Diocese of Raleigh

Providing Help—Creating Hope—Serving All

CONFIDENTIALITY AGREEMENT FOR VOLUNTEERS AND INTERNS

I, the undersigned, hereby agree that I will not at any time, during my volunteer/intern service or after my service or association ends, access or use protected health information, or reveal or disclose to any persons within or outside of Catholic Charities of the Diocese of Raleigh, Inc., any protected health information except as may be required in the course of my duties and responsibilities and in accordance with applicable local, state or federal laws governing proper release of information.

I also understand that unauthorized use or disclosure of protected health information will result in disciplinary action up to and including termination of volunteer/intern service or association and the possible imposition of fines pursuant to applicable state and federal laws.

Protected Health Information is “individually identifiable health information including, without limitation, all information, data, documentation, and materials, including without limitation, demographic, medical, and financial information, that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual.”

Date

Volunteer/Intern Signature



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Media Release Form

I, _____, give Catholic Charities
Print Name

permission to use the following items for Catholic Charities
brochures, posting online, and other promotional purposes.

(please initial all that apply):

_____ to use any photograph or video taken of myself or my
family.

_____ **to use my/our name** when presenting any
information about me/us given during an interview
with a Catholic Charities representative.

_____ **to without using my/our name** use any information
about me/us given during an interview with a Catholic
Charities representative.

Signature

Date