

CATHOLIC CHARITIES OF THE DIOCESE OF RALEIGH
Application for Volunteer Service - Level 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.

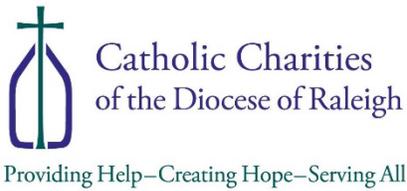
Volunteer Signature

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 Executive Director.

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



Volunteer Skills Questionnaire

Some volunteer positions require skills that you may or may not be interested in or comfortable performing. Please complete the table below by marking an “x” in each row as appropriate.

| <u>Skill</u> | <u>Yes</u> | <u>Limited</u> | <u>No</u> | <u>I would like to learn this skill</u> |
|--|------------|----------------|-----------|---|
| Administrative Skills | | | | |
| Work on computer (at desk) | | | | |
| Work on tablet (walking around) | | | | |
| Answer phones/take messages (clerical) | | | | |
| Client intake questionnaire in person/over phone | | | | |
| Speak a second language (if yes, please indicate below) Language: | | | | |
| | | | | |
| Physical Skills | | | | |
| Lifting heavy objects (15-20lbs) | | | | |
| Work outdoors in the elements | | | | |
| Stand for extended periods of time | | | | |
| | | | | |
| Driving Skills | | | | |
| Driving a Box Truck/ Company Vehicle | | | | |
| Driving a Vehicle with a Trailer | | | | |
| Have a CDL License | | | | |
| Willing to use a personal vehicle to pick up donations | | | | |
| | | | | |
| Project/Marketing Skills | | | | |
| Project Management | | | | |
| Photography / Videography | | | | |
| Communications / Marketing | | | | |
| Fundraising | | | | |
| Human Services Experience/Social Worker | | | | |
| Microsoft Office Suite | | | | |
| Direct Client Interactions | | | | |
| | | | | |
| Warehouse Skills | | | | |
| Use a pallet jack | | | | |
| Drive a forklift | | | | |
| Ability to fix/repair items within the warehouse (carts/shelving) | | | | |
| | | | | |
| Medical Skills | | | | |
| Nurse, PA, MD, DO | | | | |
| CPR Trained | | | | |
| AED Trained | | | | |

(Turn to complete page 2)

We would love for you to share anything extra with us and learn about your background and how it can improve/increase our efforts.

Are there any activities that you are uncomfortable with and would prefer not to perform?

For Office Use Only

CHECK LIST FOR VOLUNTEERS – LEVEL A

Name: _____ Phone #: _____

Address: _____ City: _____ State: _____ ZIP _____

Catholic Charities Location: _____

Supervisor: _____

Responsibilities: _____

Days Will Be Working: _____

| TO BE COMPLETED BEFORE AN INTERN CAN BEGIN AT ANY SITE | |
|---|--|
| 1. Application for Volunteer Service | |
| 2. Confidentiality Agreement | |
| 3. Volunteer Skills Questionnaire | |