

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 _____

Mother or Legal Guardian (circle one)

Full Name _____

Phone Number: _____ Email Address _____

Father or Legal Guardian (circle 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 _____.

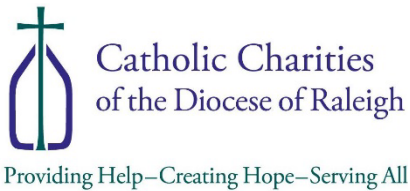
_____ between _____ (date) and _____ (date) valid for up to one year.

_____ 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 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	