

STUDENT VOLUNTEER INFORMATION—PLEASE COMPLETE AND HAVE SIGNED BY A PARENT/GUARDIAN. EMAIL TO VOLUNTEER@CCDIOBR.ORG, OR FAX TO (225) 336-8745.

Last Name	First	M.I.	Age
Street Address		Apartment /Unit #	
City	ZIP	Phone	
Email	School	Grade	

The following information MUST be completed to process your application

Are you requesting service hours?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	How many hours are you requesting?	
What is your deadline to complete your hours?			Focus Area Hours Must Be Completed in (ex: elderly, children)	
Do your hours require you to have direct contact with people in need?	YES <input type="checkbox"/>		NO <input type="checkbox"/>	
In general, what days/times are you available?	<p>Note: We are open Mon – Fri, 8:30am – 4:30pm. We are closed on all major holidays and holy days of obligation. Weekend volunteer activities are very limited, and are scheduled only a few times throughout the year.</p> <p> <input type="checkbox"/> Mondays, time _____ <input type="checkbox"/> Tuesdays, time _____ <input type="checkbox"/> Wednesdays, time _____ <input type="checkbox"/> Thursdays, time _____ <input type="checkbox"/> Fridays, time _____ </p>			

TERMS AND CONDITIONS OF VOLUNTEER ENGAGEMENT

Please read the following carefully with a parent and check the boxes to signify your acceptance of this policy.

I understand this is an application for volunteering and not a commitment from Catholic Charities. During my volunteer service I will act in a professional manner in adherence with the mission of Catholic Charities. Failure to do so may result in disciplinary action, including but not limited to termination of my volunteer services.

Waiver: I agree to assume the risk of any accident or injury to person or property that may be sustained in connection with my participation with CCDBR. In addition, I agree to release and discharge CCDBR and any of its directors, officers, employees, volunteers, partners, affiliates and successors from all liability or responsibility for any such accident or injury. I will disclose any physical or psychological ailment that might impede my work. If I enter a course of treatment that might adversely affect my performance of volunteer duties, I will disclose such to my supervisor.

Permission for Public Release: I hereby authorize Catholic Charities and the Diocese of Baton Rouge to use or broadcast photos, film and audio recordings of me and/or my children and to publish any copy I or my children have written. I further authorize Catholic Charities and the Diocese of Baton Rouge to release or circulate the same in any manner for all purposes in any form. I understand the copy, photos and/or videos will be viewed by the public and that other use may be made of them.

I will maintain, protect and safeguard the privacy and confidentiality of Catholic Charities clients and donors at all times.

I have read and fully understand the terms and conditions of my volunteer commitment.

Student Signature: _____ Date _____

MUST BE SIGNED BY PARENT OR GUARDIAN

I have read and understand the above Conditions of Volunteer Engagement and give permission for my child to volunteer under these terms and conditions with Catholic Charities of the Diocese of Baton Rouge.

Parent Signature _____ Printed Name _____ Date _____

Parent Address(es) if different from student address _____

Phone(s) _____ E-Mail Address(es) _____

We want to make your volunteer experience meaningful and enjoyable. Is there other information you would like to share with us? Special interests, talents, skills, health issues of the volunteer, etc.