



VOLUNTEER APPLICATION FORM

Please complete this application form if you are interested in being a Catholic Charities volunteer.

Office Use Only	
Location:	_____
Background Check:	I II III
Submitted By:	_____
Date:	_____ Initial: _____
Confirmed	<input type="checkbox"/>
Denied	<input type="checkbox"/>

Contact Information:

Name: _____

Preferred Name: _____

Address: _____

City/State/Zip: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

Under 18? NO YES (Parent/Guardian Signature Required) Date of Birth: _____

Preferred Method of Contact: Phone Text Email

List Specific Skills: _____

Reason for Volunteering:

Check all that apply

Internship/Practicum Services Service Learning Volunteer (more than 40 hours)

Volunteer (less than 40 hours) Other (please specify) _____

Volunteer Opportunities:

Please mark all your areas where you would like to volunteer. Note: Descriptions are available on separate sheet.

Financial Planning Mentor Office Help/Clerical

Job Skills Baking/Cooking Child Care

Exercise/Aerobics Arts/Crafts House Cleaning

Tutoring Yard Work Decorating

Fund Raising Events Planning Home Rebuild/Construction

Home Maintenance/Repair Transportation/Driving Other _____

Availability

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Morning							
Afternoon							
Evening							

I am interested in helping: Special Events Weekly Monthly Daily

Is this: Ongoing Specific Period of Time _____ (Dates)

Please indicate other information relevant to your availability: _____

How did you hear about us and our volunteer program? _____

List any previous or current volunteer experience: _____

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Emergency Contacts:

Please provide information for two (2) emergency contacts.

	Name/Relationship	Phone #	Email
#1			
#2			
#3			

If under 18 please include Parent/Guardian Information above first.

References:

Volunteers who are applying for CCSOMO programs are required to provide three (3) personal and/or professional references.

	Name/Relationship	Phone #	Email
#1			
#2			
#3			

Required Medical Coverage

Volunteer understands and agrees that Catholic Charities of Southern Missouri (CCSOMO) does not provide health insurance coverage or workers compensation coverage to volunteers. As such, all volunteers should have their own medical insurance. If a volunteer requires medical/hospital attention due to an incident that occurs while volunteering for CCSOMO, whether it was a direct result of the work they were instructed to do or not, that volunteer's own carrier will be responsible for all medical coverage. The volunteer is expected to report any injury while volunteering immediately to their supervising staff person.

I have read and understand the Required Medical Coverage and state that I have applicable coverage or have made a decision not to carry such coverage and am aware of the risks involved in that decision.

Signature: _____ Date: _____



VOLUNTEER APPLICATION FORM

Volunteer Release, Hold Harmless, and Indemnity Agreement

In consideration of my being allowed to participate with Catholic Charities of Southern Missouri, I _____ (hereinafter, "Releasor") a person of the full age of majority and a resident of the County of _____, State of _____, do hereby acknowledge that:

I voluntarily have chosen to travel to the designated Volunteer worksite to perform tasks including, but not limited to, clean-up and/or Volunteer efforts at various sites within the aforementioned area. (Hereinafter referred to as "Volunteer effort.")

I understand that the Volunteer effort may involve hard physical labor, heavy lifting and/or other strenuous activities, which may include climbing on ladders and building framing other than on ground level.

I understand that the Volunteer effort potentially involves a risk of injury or damage, including, but not limited to, physical, mental, emotional or economic damage.

I am in good health and am physically and emotionally able to perform the aforementioned Volunteer effort.

In the event that I am offered any housing accommodations while participating in the Volunteer effort, I will abide by any and all regulations that are associated with such accommodations at that time.

I understand that I am solely responsible for any and all costs and/or expenses that I may incur arising out of my participation in the Volunteer effort, that if I become injured, because of conditions in and around the designated Volunteer worksite and its environment, I may not have available to me the same level of medical care that I may be accustomed and it may subject me to further, additional risks or increase the severity of any damage or injury I may suffer.

I, the undersigned Volunteer, hereby agree that Catholic Charities of Southern Missouri, along with any related entities, whether separately incorporated or not, and their members, officers, directors, executives, administrators, pastors, clergy, faculty, employees, representatives, Volunteers, insurers, re-insurers and/or self-insurance administrators and/or representatives (hereinafter collectively referred to as "the Releasees") shall be forever released from any and all liability to the undersigned for damages and injury (including but not limited to the following: physical injury, mental injury, death, property damage) related to the aforementioned Volunteer effort, even if the cause or damages or injuries are alleged to be the fault of or cause by the negligence or carelessness of the Releasees.

I further agree that this Agreement shall be construed in accordance with the laws of the State of Missouri, which shall be the forum for any dispute concerning this Agreement and/or my participation in the Volunteer effort. I further acknowledge and agree that the terms and conditions of this Agreement shall be severable and that if any term or condition shall be held to be illegal, unenforceable or in conflict with the laws of the State of Missouri, the validity of the remaining portions of the Agreement shall not be affected thereby and shall remain in full force and effect.

Print Name: _____

Signature: _____ Date: _____

VOLUNTEER APPLICATION FORM

Media Release Authorization Form - Volunteer

1. Authorization & Expiration:

I hereby grant to Catholic Charities of Southern Missouri (CCSOMO), and all directors, employees, agents, and subsidiaries, the right to use my story, and/or my minor child(ren) if listed below, and record my/our likeness, voice, words, and/or actions; by any means and in any media format including text, images, photographs, video, audio recordings, and other electronic formats; for newsletters, documentaries, advertising, publicity, promotional, or any purpose consistent with the CCSOMO mission; without compensation to me. I further grant for myself and minor child(ren), a worldwide license to use, publish, reproduce, create derivative works of, distribute, and publicly or privately display images and likenesses of me or my minor child(ren) created by CCSOMO.

This authorization is granted for one calendar year from today's date. This authorization will automatically expire on the one-year anniversary if not renewed.

I CHOOSE TO AUTHORIZE:

I authorize one (1) year of use expiring on _____, 20_____.

2. Renewal:

This authorization may be renewed on its one-year anniversary date for an additional year.

I CHOOSE TO RENEW

I authorize one (1) additional year of use expiring on _____, 20_____.

3. Waiver of Right of Approval:

I waive any kind of right to approve final product; and I waive for myself and my minor child(ren) any claims, demands, damages, losses, liabilities, and causes of action arising from CCSOMO's use of material covered in this media release.

4. Name or Alias:

I understand and agree that I and my minor child(ren) may be identified by name and/or title, or I may choose to use an alias for myself or my child(ren).

I CHOOSE TO USE AN ALIAS FOR MYSELF AND MY CHILD(REN).

5. Refusal, Exceptions & Withdrawal:

I understand my authorization is voluntary and I may decide not to allow certain uses of my, or my minor child(ren)'s story, voice, image, interview, or photograph, or may decline to grant use altogether. My decision not to sign this authorization will have no effect on my current or future involvement in CCSOMO programs. I understand I may withdraw my authorization at any time, for any specified media, without any consequences to the services I or my child(ren) may be receiving from CCSOMO, however, CCSOMO cannot reverse prior publication.

<input type="checkbox"/>	I CHOOSE NOT TO CONSENT TO THIS RELEASE: Volunteer Name (Please Print) _____	CCSOMO Employee Name (Please Print) _____
		Date: _____
<input type="checkbox"/>	I CHOOSE TO WITHDRAWAL MY CONSENT Date: _____	
<input type="checkbox"/>	I CHOOSE TO EXCLUDE THE FOLLOWING CONTENT FROM THIS AUTHORIZATION: Exclusions: _____ _____	

VOLUNTEER APPLICATION FORM

Media Release Authorization Form - Volunteer

6. Minor Children Included in this Release:

Minor 1: _____ Minor 4: _____
 Minor 2: _____ Minor 5: _____
 Minor 3: _____ Minor 6: _____

7. Signatures:

_____	_____
Volunteer Signature	Address (internal use only)
_____	_____
Volunteer Printed Name	Phone (internal use only)
_____	_____
Date	Email (internal use only)

	CCSOMO Employee Signature

	CCSOMO Program(s)

FIELD USE ONLY:

Date/s and Location(s) of Media Creation	
Physical Identifying Characteristics of Persons Recorded:	

COMMUNICATIONS DEPARTMENT:

Expiration Date	Original Expiration: Renewal Expiration:
Alias Used	
Publication Date	
Publication Outlet/Platforms	
Media File Name	



Confidentiality Agreement

Due to the potential for access to confidential information, any party who intends to partner with Catholic Charities of Southern Missouri (CCSOMO) must sign this agreement upon initial placement or at the discretion of CCSOMO. This includes, but is not limited to, staff, board members, volunteers, and students enrolled in internships. "Confidential information" means any information of a personal, secret, and/or confidential nature relating CCSOMO's donors, clients, or the services provided in any of its locations and/or programs/projects.

Confidential information may include, but is not limited to, the following: trade secrets; proprietary information; information concerning any client, employee, volunteer, or donor; volunteer and donor lists; any form of media produced by CCSOMO or by any third party on behalf of CCSOMO; methods; plans; documents; data; drawings; manuals; notebooks; reports; models; inventions; formulas; policies and procedures; processes; software; information systems; contracts; negotiations; strategic planning; proposals; business alliances; and training materials.

In connection with my service at CCSOMO, I agree to the following:

I have read and understand the above definition of "confidential information."

I have reviewed CCSOMO's agency-wide "Client Confidentiality and Privacy" policy and agree to abide by its requirements and expectations.

I will not at any time, both during and after my time of service with CCSOMO, communicate or disclose confidential information of a personal nature about clients, employees, volunteers, or donors, including, without limitation, actions, omissions, statements, or personally identifiable medical, family, financial, social, behavioral, or other personal or private information. I will not disclose any such information that I learn through my position at CCSOMO to any other person or entity, unless required by applicable law or legal process.

Signature

Print Name

Date

CCSOMO Representative Signature

Print Name

Date

Missouri State Highway Patrol

REQUEST FOR CHILD ABUSE OR NEGLECT / CRIMINAL RECORD

TYPE OF SERVICE (Check ALL that apply) See reverse side for further instructions. <input type="checkbox"/> (1) CD Central Registry Child Abuse Search Only - No Charge <input type="checkbox"/> (2) Name Search - (\$13.00) and CD Central Registry Child Abuse Search <input type="checkbox"/> (3) Fingerprint Search & CD Central Registry Child Abuse Search <input type="checkbox"/> \$14.00 (Authorized Statute 210.487) <input type="checkbox"/> \$20.00 (All other request)	TYPE OF DAYCARE PROVIDER <input type="checkbox"/> (1) License <input type="checkbox"/> (2) License Exempt <input type="checkbox"/> (3) Registered
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IDENTIFYING DATA (Please type or print information legibly in ink.) The subject of the request must complete the next section and sign.

APPLICANT'S NAME (Last, First, MI, Jr., Sr., III)

MAIDEN NAME	DATE OF BIRTH (MM/DD/YY)	STATE OF BIRTH	SEX	RACE
ALIAS NAME(S)	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER / STATE /		

ADDRESSES FOR PAST 5 YEARS

STREET	CITY	STATE	STREET	CITY	STATE

Have you ever been found guilty to or been convicted of any criminal act in this state or any state?
 YES (Complete section below) NO, I have not been found guilty to or been convicted of any criminal offense in this state or any state.

DATE	CITY	STATE	COUNTY	CIRCUMSTANCES (Identify charges, attach separate page, if necessary.)

Have you ever been substantiated as a perpetrator in any child abuse or neglect report made to the Children's Division in this state or any state?
 YES (Complete section below) NO, I have not been substantiated as a perpetrator in any child abuse or neglect report.

DATE	CITY	STATE	COUNTY	CIRCUMSTANCES (Attach separate page, if necessary.)

The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant permission to the Department of Social Services to obtain any and all information needed to process my request and to use the information as permitted by law.

SIGNATURE OF APPLICANT (REQUIRED IN INK)	DATE
SIGNATURE OF REQUESTOR (Required in ink)	DATE
TITLE OF CHILD CARE PROVIDER	TELEPHONE
STATE AGENCY	STATE VENDOR OR CONTACT NO. (If applicable)

CHECK APPROPRIATE BOX

<input type="checkbox"/> CHILD CARE RELATED EMPLOYMENT	<input type="checkbox"/> DOH / CCB CHILD CARE BUREAU	<input type="checkbox"/> SCHOOLS / PUBLIC AND PRIVATE
<input type="checkbox"/> CHILD CARE RELATED VOLUNTEER	<input type="checkbox"/> DMH / DMH VENDOR	<input type="checkbox"/> CD CONTRACT PROVIDER
<input type="checkbox"/> CD LICENSURE	<input type="checkbox"/> HEALTH CARE	<input type="checkbox"/> OTHER _____

COMPLETE RETURN ADDRESS (REQUIRED ON EACH APPLICATION) Complete your mailing label below Confidential Mail <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="height: 20px;">AGENCY NAME</td></tr> <tr><td style="height: 20px;">ATTENTION</td></tr> <tr><td style="height: 20px;">ADDRESS</td></tr> <tr><td style="height: 20px;">CITY, STATE, ZIP CODE</td></tr> </table>	AGENCY NAME	ATTENTION	ADDRESS	CITY, STATE, ZIP CODE	SEND FEE & FORM TO: Missouri State Highway Patrol Criminal Justice Information Services Division P.O. Box 9500 Jefferson city, MO 65102
AGENCY NAME					
ATTENTION					
ADDRESS					
CITY, STATE, ZIP CODE					



APPENDIX B

Primary Location: _____
Check boxes that apply to you:
Intern [] Volunteer []

DISCLOSURE AND AUTHORIZATION 2.2 - INTERN/VOLUNTEERISM

In connection with my application for Intern/Volunteerism (including contract or volunteer services) with Catholic Charities of Southern Missouri (CCSOMO), I understand a background check will be requested by CCSOMO through AmericanChecked, Inc. These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

The FCRA (Fair Credit Reporting Act) requires that CCSOMO certify to AmericanChecked, Inc., that CCSOMO will not discriminate against the applicant or otherwise use the information in a manner that is contrary to any state or federal equal opportunity laws.

If I am hired or brought on as an Intern/Volunteer, I understand that CCSOMO can use this disclosure and authorization to continue to obtain such consumer reports throughout my employment or volunteer service.

Authorization

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by CCSOMO. If hired (or accepted as a Volunteer or contracted), this authorization shall remain on file and shall serve as ongoing authorization for CCSOMO to procure such reports at any time during my employment, contract or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

This authorization is conditioned upon the following representations of my rights:

First Name _____ Middle Name/MI _____ Last Name _____

Signature _____ Date _____

Print other last names you have used within the last 7 years _____

Current Address _____ How Long? _____

City/State/Zip _____

Phone Number _____ Email Address _____

Print all cities and states where you have lived during the last 7 years _____

Social Security No. _____ Date of Birth _____

Driver License No. _____ State of Issue _____

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights _____ (initials).

For most Intern/Volunteer positions, CCSOMO will perform a background check that will include; a 7 Year Criminal Track Record, 7 Year County Criminal Search, Missouri Child Abuse Registry, Volunteer Check and Motor Vehicle driving record.

NOTICE TO ALL APPLICANTS

I understand that I have the right to make a request to the Consumer Reporting Agency: AmericanChecked Inc., 4870 South Lewis Avenue, Suite 120, Tulsa, OK 74105; telephone: 800-975-9876 ("Agency") upon proper identification, to obtain copies of any reports furnished to CCSOMO (Company) by the Agency and to request the nature and substance of all information in its files on me at the time of my request, including the sources of information, and the Agency, on Company's behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: http://americanchecked.com/privacy-policy.



VIRTUS TRAINING INSTRUCTIONS

In web browser, navigate to www.virtusonline.org

REGISTRATION

- Click **Registration** on left side
- Click **First-Time Registrant**
- Click **Organization – Springfield/Cape Girardeau Diocesan**
- Create User ID (*Important – Limit to no more than 12 characters. Write down the information as you will need it later*)
- Create Password
- Click **continue**, answering questions on Personal Information; be sure to enter your email address
- Click **Location**
 - Catholic Charities of Southern Missouri
 - Click “No”, if you are not Catholic
 - 2nd Choice – Click local Parish you attend
- Complete your Role
 - Employee (*Parish/Parochial*)
- Complete Job Title
- Continue to complete questions
- Locations for classes are listed, click on next available class near you
- Registration is complete.

BACKGROUND CHECK INFORMATION

- Read information online or see attached (Appendix B form)
- Click **information** for Background Check
- Enter date
- Use the same User ID as before
- Primary Location will be Catholic Charities
- Click **Next** and follow the instructions

IF APPLICABLE – FORMS WILL BE GIVEN TO You TO COMPLETE

(All forms below require SSN. Forms 1 and 2 also require Driver’s License)

- Form 1: Complete the ***Request for Child Abuse or Neglect/Criminal Record***
- Form 2: Complete the ***Appendix B: Disclosure and Authorization – Employment/Volunteerism***
- Form 3: Complete the ***State of Missouri – Caregiver Background Screening***