



# 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  Denied

### Contact Information

Name: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Other 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 Service  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 | Tue | Wed | Thu | Fri | Sat |
|-----------|-----|-----|-----|-----|-----|-----|-----|
| Morning   |     |     |     |     |     |     |     |
| Afternoon |     |     |     |     |     |     |     |
| Evening   |     |     |     |     |     |     |     |

I am interested in helping:  Special Events  Weekly  Monthly  Daily  
Is this Ongoing  or for a 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: \_\_\_\_\_

## VOLUNTEER APPLICATION FORM

**Emergency Contacts:** Please provide information for two (2) emergency contacts.

|    | Name/Relationship | Phone(s) | 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(s) | Email |
|----|-------------------|----------|-------|
| #1 |                   |          |       |
| #2 |                   |          |       |
| #3 |                   |          |       |

### Required Medical Coverage

Volunteers 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 may expose me to harmful and/or illness-causing substances, including, but not limited to mold and/or mildew, bacteria, fungi or viruses.

I understand that this 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, including, but not limited to, costs arising out of housing, meals and/or any loss of or damage to property, through whatever means.

I understand that in performing services for 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 the 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 caused 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.

SIGNATURE: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

## 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)'s 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"/> <b>I CHOOSE NOT TO CONSENT TO THIS RELEASE:</b><br>Volunteer's name (please print below)<br>_____ | CCSOMO employee name (please print):<br>_____<br>Date: _____ |
| <input type="checkbox"/> <b>I CHOOSE TO WITHDRAW MY CONSENT:</b> Date: _____   |  |
| <input type="checkbox"/> <b>I CHOOSE TO EXCLUDE THE FOLLOWING CONTENT FROM THIS AUTHORIZATION:</b><br>Exclusions: _____    |  |

**6. MINOR CHILDREN INCLUDED IN THIS RELEASE**

Minor 1. \_\_\_\_\_

Minor 4. \_\_\_\_\_

Minor 2. \_\_\_\_\_

Minor 5. \_\_\_\_\_

Minor 3. \_\_\_\_\_

Minor 6. \_\_\_\_\_

**7. SIGNATURES**

Volunteer's Signature \_\_\_\_\_

Address (internal use only) \_\_\_\_\_

Volunteer's Printed Name \_\_\_\_\_

Phone (internal use only) \_\_\_\_\_

Date \_\_\_\_\_

Email (internal use only) \_\_\_\_\_

CCSOMO Employee Signature \_\_\_\_\_

CCSOMO Programs \_\_\_\_\_

**FIELD USE ONLY:**

Date/s and location of media creation: \_\_\_\_\_

Physical identifying characteristics of persons recorded (PLEASE PRINT): \_\_\_\_\_

**COMMUNICATIONS DEPARTMENT**

**EXPIRATION DATE:**

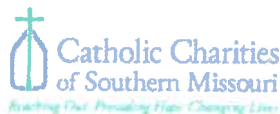
Original Expiration  
Renewal Expiration:

Alias used: \_\_\_\_\_

Publication date: \_\_\_\_\_

Publication Outlets/ Platforms: \_\_\_\_\_

Media File Name (Use  
Format: 20190731-van-buren-doe, jane,  
housewarming): \_\_\_\_\_



## 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 to 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, donor; Volunteer, 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 to any person, corporation, or entity without expressed written permission through channels approved by CCSOMO and in accordance with all legal and regulatory requirements and industry-wide best practices.

I further recognize and agree that while serving with CCSOMO, I may become aware of nonpublic 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



Please complete The Identifying Data section through the signature lines in ink.

SHP-158J 02/15

Missouri State Highway Patrol  
REQUEST FOR CHILD ABUSE OR NEGLECT / CRIMINAL RECORD

|  |   |
|--|---|
| <p>TYPE OF SERVICE (Check ALL that apply) See reverse side for further instructions.</p> <p><input type="checkbox"/> (1) CD Central Registry Child Abuse Search Only - No Charge</p> <p><input type="checkbox"/> (2) Name Search - (\$13.00) and CD Central Registry Child Abuse Search</p> <p><input type="checkbox"/> (3) Fingerprint Search &amp; CD Central Registry Child Abuse Search</p> <p><input type="checkbox"/> \$14.00 (Authorized Statute 210.487)</p> <p><input type="checkbox"/> \$20.00 (All other request)</p> | <p>TYPE OF DAYCARE PROVIDER</p> <p><input type="checkbox"/> (1) License</p> <p><input type="checkbox"/> (2) License Exempt</p> <p><input type="checkbox"/> (3) Registered</p> |
|--|---|

**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 / CCS 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

|                       |
|-----------------------|
| 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

## VIRTUS Registration Instructions

**This process must be completed on a PC/Laptop**  
**Do not use mobile phone/devices**

Go to [www.VIRTUSOnline.org](http://www.VIRTUSOnline.org)

### REGISTRATION

- Click **Registration** on left side
- Click **First-Time Registrant**, click **“Begin the registration process”**.
- Click **Organization** ---- then under the...
  - **“Please select your Archdiocese/Diocese/Religious Organization” drop-down, select Springfield/Cape Girardeau, MO (Diocese)**

Please select your Archdiocese/Diocese/Religious Organization from the list below:

|  |
|--|
| Springfield-Cape Girardeau, MO (Diocese) |
| Springfield-Cape Girardeau, MO (Diocese) |
| Springfield, Illinois (Diocese)          |

- **Create User ID**
  - **IMPORTANT** – **Limit USER ID to no more than 12 characters** in length.
  - **Do not use email address as USER ID** (do not include email suffixes such as @gmail.com, etc., as part of your User ID)
  - Write down, will need later.
- **Create Password** (write down, will need later)
- Click continue, answering questions on Personal Information; be sure to enter your email address.
- Click **Location** [Primary Location]---- **select**
  - **Catholic Charities of SoMO – Volunteers [for Volunteer position/activity]**
    - Click NO, if not Catholic
  - 2nd Choice ---- Click local Parish you attend
- Complete your **Role** --- **select**
  - **Volunteer [for Volunteer position/activity]**
- Complete **Title or Position of Service**
- Continue to complete questions
- Diocese PDF for Code of Conduct page – click continue
- Diocese Background Disclosure and Authorization page – click continue
- Virtus Training Question – click NO - select the Protecting God’s Children for Adults (Online Training)



Have you already attended a VIRTUS Protecting God’s Children Session?

YES  NO



Please select the session you wish to attend

- Protecting God’s Children for Adults (Online Training)
- Protecting God’s Children for Adults (Online Training in Spanish)

- Virtus Registration portion is done.
- The following steps on the next page, begin the background check process.





## **Background Check Instructions**

### **VIRTUS/FASTRAX**

#### **Begin background check data entry**

- Enter Full LEGAL Name
- Click BEGIN BACKGROUND CHECK
- You will be redirected to the FASTRAX SITE
- Click on "Enter Background Check Info"
- Read "Fair Credit Reporting Act Background Check Disclosure"
- Click on "I Agree" to proceed
- Sign "Authorization" electronically
- Enter Contact Information
- Review
- Submit