



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: _____
 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.

- | | | |
|--|---|--|
| <input type="checkbox"/> Financial Planning | <input type="checkbox"/> Mentor | <input type="checkbox"/> Office Help/Clerical |
| <input type="checkbox"/> Job Skills | <input type="checkbox"/> Baking/Cooking | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> Exercise/Aerobics | <input type="checkbox"/> Arts/Crafts | <input type="checkbox"/> House Cleaning |
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Yard Work | <input type="checkbox"/> Decorating |
| <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Events Planning | <input type="checkbox"/> Home Rebuild/Construction |
| <input type="checkbox"/> Home Maintenance/Repair | <input type="checkbox"/> Transportation/Driving | <input type="checkbox"/> 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: _____

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

VIRTUS Registration Instructions

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

Go to 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