



APPLICATION FOR VOLUNTEER SERVICE

Mail: 2740 SE Powell Blvd. Portland, OR 97202
Phone: 503.231.4866 / Fax: 503.231.4327

Please complete this application form if you are interested in becoming a Catholic Charities volunteer. Upon completion, please email the form to: volunteer@catholiccharitiesoregon.org.

Information about our programs is available on our website: www.catholiccharitiesoregon.org or on Facebook.

Name: _____ Today's Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone (Days): _____ Phone (Eve.): _____

Email: _____

Where did you learn about volunteer opportunities with Catholic Charities?

In which Program(s) are you interested in volunteering? (Please refer to our website for more complete information on our Programs and volunteer opportunities.)

- | | |
|--|---|
| <input type="checkbox"/> El Programa Hispano | <input type="checkbox"/> Immigration Legal Services |
| <input type="checkbox"/> Financial Wellness Services | <input type="checkbox"/> Pregnancy Support & Adoption |
| <input type="checkbox"/> Housing Transitions & Resident Services | <input type="checkbox"/> Refugee Resettlement |

Availability: Please place an X on the days and times you are available to volunteer. (Check all that apply).

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|-----------|--------|--------|---------|-----------|----------|--------|----------|
| Morning | | | | | | | |
| Afternoon | | | | | | | |
| Evening | | | | | | | |

When are you available to begin volunteering? _____

Emergency contact information: Please list the name and contact information of a person we may reach in case of an emergency:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

References: Please provide two (2) references, business or personal associates not related to you. Three (3) references are required for volunteers working in youth programs.

1. Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

How do you know this person: _____

2. Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

How do you know this person: _____

3. Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

How do you know this person: _____

Demographic information (optional): This information is used to assist us in gathering demographic information of our volunteers.

Gender: _____ Race/Ethnicity: _____

Other: The following questions will give our staff a better idea of the kind of volunteer experience you are looking for and any special skills you may be able to offer. Please include any information you feel may be of value.

Do you have prior volunteer experience? Yes No

If yes, with which organizations and when? _____

What languages do you speak / understand? (Please rate your language capacity, i.e. beginner/intermediate/advanced): _____

Other information that will assist us in making a good volunteer match (i.e. past experiences (employment / volunteer), education, hobbies, skills, etc.): _____

VOLUNTEER APPLICANT AGREEMENT

Volunteer Agreement

- I agree to give my time and services to Catholic Charities without financial compensation and will not accept monetary gifts from clients.
- I agree to respect clients' right to self-determination and work to establish their independence and self-sufficiency.
- I agree to report suspected abuse or neglect to a Catholic Charities staff member.
- I agree to promptly submit any required reports and monthly volunteer hours performed.
- I agree to inform the Volunteer Coordinator (or other staff member when applicable) if I am unable to volunteer due to illness or emergency and keep them informed regarding my volunteer status and/or any on-going client needs.
- I understand that a background check will be performed on civil, criminal, as well as motor vehicle records (as appropriate).

Confidentiality

Information about Catholic Charities clients, their families and their personal lives are to be kept confidential. Volunteers are prohibited to disclose or release client information without the proper consent of the client involved. This includes not speaking to other professionals (teachers, doctors, etc) without a Release of Information being obtained from Catholic Charities. Exceptions to this policy include disclosed or observed child, elder or person abuse or neglect, disclosure by clients of intent to harm self or others, a medical emergency (only information necessary) and the disclosure of information required by court subpoena. Confidential documents must be disposed of by utilizing designated paper shredding machines located within all Catholic Charities sites.

I understand that unauthorized use or disclosure of protected and confidential information, including information a client may share with me directly, will result in disciplinary action up to and including termination of my volunteer position.

Waiver of Liability

- I agree that before or during my volunteering, if I believe anything is unsafe, I will immediately advise a Catholic Charities staff person.
- I acknowledge that I may be engaging in activities that could involve risk of injury and other loss. I assume all the foregoing risks and accept personal responsibility for the damages following injury. I hereby release and

forever discharge and hold harmless Catholic Charities, or any of its staff, volunteers and/or clients, from any and all liability, claims and demands of whatever kind or nature, either in law or in equity that arise or may hereafter arise from my volunteer activities.

Driving on Behalf of Catholic Charities

Catholic Charities policy requires that volunteers who opt to drive clients in their personal vehicle carry 100/300/100 minimum liability automobile insurance. I understand it is my responsibility to maintain a valid driver's license and vehicle insurance that complies with state law. In the event of an accident, the volunteer's insurance is primary, and Catholic Charities of Oregon's insurance will act as secondary.

Photo Release (optional) **Check here if you give consent**

- I consent to the use, publication and reproduction of any photograph or interview taken of me by Catholic Charities, or its agents, for publicity and non-commercial advertising purposes without compensation. I waive the right to make any claim arising out of the use of such photographs/recordings and understand this release shall inure to the benefit of Catholic Charities, its successors, affiliates and assigns.

By checking this box, I agree to all terms of the Volunteer Agreement as outlined above.

By checking this box, I agree that I have read and will comply with all elements of the following Catholic Charities policies, accessible in the Volunteer section of our website:

www.catholiccharitiesoregon.org:

- Code of Ethics and Conduct
- Procedure and Standards for Working with Minors

By initialing above and signing below, I am agreeing with the terms of this application and understand that any misrepresentation or omission of facts is cause for non-appointment to a volunteer position with Catholic Charities Oregon. I also authorize contact of references for my placement as a volunteer and release and discharge Catholic Charities Oregon and those who provide information from any and all liability as a result of furnishing and receiving this information.

Signature

Date

Please return application to:

Catholic Charities
ATTN: HUMAN RESOURCES
2740 SE Powell Blvd.
Portland, OR 97202
volunteer@catholiccharitiesoregon.org