

Date:

Catholic Charities Volunteer Application

Name (First, M., Last):	Home/Cell Phone:
Street Address:	Email:
City/State/Zip Code:	Date of Birth:

Availability:

Long Term (6 months +)
 Short Term (less than 6 months)
 Special Events

 Mornings
 Afternoons

Do you have access to a vehicle to pick up donated food items?
 No Yes
 If yes, are you willing to pick up donated food items?

Are there any physical conditions/allergies/etc. to be considered in arranging volunteer assignments?
 No Yes
 If yes, please explain:

Emergency Information: In case of an emergency, please contact:

Name:	Relationship:
Phone:	Additional Phone:

References:

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:



Please return your completed application to:
215 East Church Street, Elmira, NY 14901
Fax: 607.734.6588

Volunteer Agreement & Release From Liability

VOLUNTEER AGREEMENT

- I understand that all information and data about clients, agencies, volunteers, staff and donors of Catholic Charities is strictly confidential and may not be discussed outside the Agency, or with any unauthorized person.

I grant full permission to Catholic Charities to use any photographs, film, video or audiotapes of me performing volunteer work for any purpose Catholic Charities deems appropriate. _____ Yes _____ No

Volunteer Signature: _____

Parent/Legal Guardian Signature: _____

[Signature of Parent/Legal Guardian if volunteer is under the age of 18.]

RELEASE FROM LIABILITY *(Read carefully before signing.)*

I, _____, do hereby release, hold harmless, and discharge Catholic Charities of Chemung/Schuyler and their respective officers, agents, employees and all persons conducting, directly or indirectly, the activities surrounding my involvement as a volunteer at Catholic Charities from any and all claims, rights, demands, actions, causes of action, expenses or damages, which I or my heirs, personal representative, successors, assigns or anyone claiming by, through or under me ever had, now have, or may have against the parties identified above arising from any injury, act or omission relating in any way to my participation as a volunteer. I acknowledge that I have read, fully understand and voluntarily agree to this Release.

Volunteer Name *(Please Print)*: _____

Volunteer Signature: _____ Date: _____

PARENT/LEGAL GUARDIAN CONSENT RELEASE

[Required if volunteer is under the age of 18. All minors must be accompanied by an adult at all times.]

I certify that I am the parent or legal guardian of the minor volunteer named above and hereby grant permission for him/her to participate as a volunteer with Catholic Charities of Chemung/Schuyler. I further agree to abide by the stipulations set forth in the above paragraphs.

Parent/Legal Guardian Name *(Please Print)*: _____

Parent/Legal Guardian Signature: _____ Date: _____

Required if the parent/legal guardian will not be the one accompanying the volunteer under the age of 18.

Chaperone Name *(Please Print)*: _____

Chaperone Signature: _____ Date: _____