



Catholic Charities Program: \_\_\_\_\_

Start Date: \_\_\_\_\_

## Organization Service Application

Name of Organization: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Organization Phone Number: \_\_\_\_\_

Point of Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Volunteer Name** **Address** **M/F** **DOB**

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My signature below indicates that I understand and agree to the following terms:

I will agree and abide by the Code of Conduct as stated below:

1. I have no direct or indirect interest in the assets, leases, business transactions or professional services of Catholic Charities Inc. except in the course of my volunteer duties. I am not receiving payment for my volunteer duties at the agency. I will not exchange money with clients of the agency.
2. I have not received honoraria or preferential treatment in application for and receipt of agency services, or client referral fees. I have not received and will not accept any gifts in return for my volunteer duties at the agency.
3. I have not and will not conduct private practice or the business of my employment on agency premises.
4. I shall maintain only professional, business relationships with clients of the agency. I will not meet with clients off agency property except during organized agency activities.
5. I shall maintain confidentiality of agency business and all information about clients except as required by law.
6. I have received the Catholic Charities Inc. brochure on privacy and confidentiality, which includes information on HIPPA.
7. I shall discuss with the program director any concerns or questions I have regarding the Code of Conduct.

I agree that Catholic Charities Inc. may photograph and/or video, release voice recordings and/or written materials for use as follows: publications, marketing and or advertising. I further agree:

- Volunteer hereby grants Catholic Charities Inc. and its designees the right to use, re-use, publish and re-publish the information identified above in whole or in part, individually or in conjunction with other written materials, photographs or images, in an medium and for any purpose whatsoever, including, but not limited to, illustration, promotion, advertising, and marketing.
- Volunteer hereby releases Catholic Charities Inc. and its designees from any and all claims and demands arising out of our in connection with the use of such information identified above, including, but not limited to, any claims for defamation or invasion of privacy.
- Volunteer acknowledges that he/she has signed this consent voluntarily.
- Volunteer acknowledges that he/she is of legal age and has read the foregoing and fully understands the contents thereof.

Furthermore, I authorize Catholic Charities Inc. to seek emergency medical treatment in case of accident, injury or illness. I understand that if I am injured while acting as an unpaid member of the volunteer staff, I agree to seek medical attention as requested by the program volunteer coordinator according to the incident policy.

I understand that all entries on this application are true and complete. I understand any falsification of this information may cause forfeiture of my volunteer service with Catholic Charities Inc.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please print your name: \_\_\_\_\_

Organization Volunteer Affiliation: \_\_\_\_\_