



Catholic Charities, Inc. Volunteer Demographics Sheet

This information is used internally by Catholic Charities, Inc. to verify background checks and may be used by Catholic Charities Inc. to contact the volunteer about volunteer opportunities.

(First Name) (Middle Initial) (Last Name)

Cellphone Number: _____ Home Phone: _____

Email Address: _____

Date of Birth: _____ Gender: Male Female

Primary Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact: _____ Phone: _____

I have completed VIRTUS Training: Yes No

If yes, location of training: _____ Date: _____

Church affiliation, if any: _____

My signature verifies that the above information is current and correct.

Signature

Date



Catholic Charities, Inc.

Code of Conduct and Media Release Form

My signature below indicates that I understand and agree to the following terms and I understand any falsification of this information may cause forfeiture of my volunteer service with Catholic Charities, Inc.

I 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.

I authorize the references listed on my volunteer application to give Catholic Charities Inc. any and all information concerning my previous employment, and any information they may have personal or otherwise, and I release all parties from all liability for any damage or claim that may result from furnishing the same to Catholic Charities Inc.

- For volunteer consideration, I authorize all corporations, former employers, credit agencies, educational institutions, laws enforcement agencies, city, state, and federal governments, military services and persons to release information they may have about me to the person or company with which this form has been filed, or their agent, intellicom, with responsibility for collecting the above information. I authorize the procurement of my workers' compensation files from any state. I understand that these reports/files may contain negative information about my background, mode of living, character, and personal reputation. This authorization, in original or copy form will be valid for this and any future reports or updates that may be requested.

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.

Signature: _____ **Date:** _____