



VOLUNTEER APPLICATION

Today's Date _____

First Name _____ Last Name _____ Middle Initial _____

Other names you have used (ex: maiden) _____ (Used for background checks)

Address _____

Day Phone _____ Evening Phone _____ Email _____

Date of Birth _____ (Used for background checks)
Month/Day/Year

VOLUNTEER OPPORTUNITIES

Times you are available to volunteer (**Note CMC Hours:** M-Th 8:30 – 8:00pm, F 8:30 – 4pm, Sat 9-Noon)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Select CMC volunteer opportunities of interest to you:

- Childcare (summer)
- Clerical (data entry)
- Committees
- Events (set-up/tear down)
- General Cleaning
- Maintenance & Repairs
- Tutor
- Yardwork
- Tea Business
- Other _____

Volunteer Commitment: One-Time (project, community service) On-going

EMPLOYMENT, EDUCATION AND VOLUNTEER EXPERIENCE

Current Occupation _____ Place of Employment _____

Highest Level of Education Completed _____ Degree(s) Earned _____

Volunteer Experience _____

Skills relative to volunteer interest _____ (i.e. bi-lingual, operate lawn equipment)

VOLUNTEER BACKGROUND CHECK POLICY

The Catherine McAuley Center (CMC) will make every reasonable effort to provide a safe environment for clients, staff and volunteers. CMC performs a criminal background check via Iowa Courts Online and the Iowa Sex Offender Registry for all volunteers. Annual background checks will be conducted upon continuation of volunteer service at CMC. The following information is required of all CMC volunteers prior to volunteer placement:

Have you ever been charged with a crime or do you have criminal charges pending, including simple misdemeanors? Yes No **Answering YES requires further discussion with the Volunteer Coordinator.**

List all charges and dates involved (pending or otherwise), except traffic violations below:

Information verified via the State of Iowa, Iowa Courts Online website and Iowa Sex Abuse Offender Registry annually. _____ *Please Initial (your initials indicate acknowledgement of background checks conducted annually.)*

PLEASE READ AND SIGN

I CERTIFY the statements herein are correct and true to the best of my knowledge. I understand if asked to volunteer, a falsified statement on this application is cause for dismissal. I agree volunteering at the Catherine McAuley Center is AT WILL; that is, the volunteer or CMC may terminate volunteer service at any time, with or without cause.

SIGNATURE _____ DATE _____

PRINT NAME _____

VOLUNTEER COMMITMENT AND CONFIDENTIALITY AGREEMENT

I acknowledge I am an unpaid volunteer for the Catherine McAuley Center. Furthermore, believing CMC has a need for my services as a volunteer, I agree to:

- Consider all information, obtained directly or indirectly as confidential. I will not seek confidential information regarding CMC’s clients, employees or other volunteers. Upon ceasing volunteer service at CMC, I agree to keep confidential information as such.
- Be conscientious in the fulfillment of my duties, and accept supervision graciously.
- Be punctual. I will call my supervisor in advance if unable to make my commitment, so other arrangements can be made.
- Notify supervising staff of any changes related to my criminal background, time availability and/or concerns in volunteer duties.

I UNDERSTAND AND AGREE TO THE ABOVE COMMITMENT AND CONFIDENTIALITY STANDARDS.

SIGNATURE _____ DATE _____

PRINT NAME _____

RELEASE AND WAIVER OF LIABILITY

I, _____, a private person, working as a volunteer at CMC, do hereby agree to assume all risks, both foreseen and unforeseen, in conjunction with my volunteer activity. I agree to release the Catherine McAuley Center, its agents, employees, officers, and affiliated organizations, from all liability, claims, or causes of action which may arise from volunteering for CMC. Furthermore, I understand CMC is not responsible for any loss or theft of my personal property.

I HAVE READ THE ABOVE AND UNDERSTAND THIS IS A WAIVER AND RELEASE OF LIABILITY.

SIGNATURE _____ DATE _____

PRINT NAME _____

PHOTO RELEASE (Optional)

I grant the Catherine McAuley Center permission to use my photograph, either still or motion picture, and the recording of my voice and the use of these photographs and/or recordings for advertising and publicity purposes. I hereby release CMC, and any of its associated or affiliated organizations, from claims of every kind, on account of such use.

SIGNATURE _____ DATE _____

THANK YOU FOR YOUR INTEREST IN VOLUNTEERING AT THE CATHERINE MCAULEY CENTER!

Would you like us to add you to our mailing list? Yes No

Would you like us to add you to our email list? Yes No

Follow us on Twitter: cmccr Facebook: Catherine McAuley Center