Volunteer Application

(Use extra paper to complete if additional space is required)

Name _____ Date _____

Address _____ City: _____ State _____ Zip_____

Home Phone _____ Business Phone _____ Date of Birth _____

Occupation_____

Employer _____

Address _____

Special professional
training, skills, hobbies _____

_____

Community affiliations (Clubs, Service Organizations, etc.) _____

Previous volunteer experience Year _____ _____

Year _____ _____

Do you have children in the program? Yes ☐ No ☐ If yes, where? _____

Special Certification (i.e. CPR, Medical, etc.)

Do you have a valid driver's license? Yes ☐ No ☐ Drivers License # _____ State _____

Accidents or traffic violations Yes ☐ No ☐ If yes, explain

Car you will use: Make Model Year Insurance Co. Policy # Limits

Have you ever been convicted of any crimes? Yes ☐ No ☐ If yes, explain

Have you ever been refused participation in any other volunteer programs? Yes ☐ No ☐ If yes, explain

In which of the following would you like to participate (check one or more)

Friendly Visitor ☐ Coach ☐ General ☐ Youth Supervisor ☐

Driver ☐ Maintenance/ Construction ☐ Other ☐

Please list three references, at least one of which has knowledge of your participation in a youth program

Name Phone

_____ _____

_____ _____

_____ _____

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As a condition of volunteering, I give permission to conduct a background check on me, which may include a review of criminal and child abuse records maintained by governmental agencies. I understand that, if appointed, my position is conditional upon receiving no inappropriate information on my background. I hereby release and agreed to hold harmless from liability _____, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, _____ is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject suspension and/or removal for violation of its policies or principles.

In consideration of participating in the (description of activity)_____ , I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity.

I fully understand that his Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "Releasees" named below, and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not sue The Roman Catholic Bishop of Oakland, a Corporation Sole, and the Roman Catholic Welfare Corporation of Oakland, its respective administrators, directors, agents, officers, volunteers and employees, other participants, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save and hold harmless each of the Releasees from any loss, liability, damage, or cost, if any, which may incur as the result of such claim.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, and understand that I have given up substantial rights by signing it and have signed it freely and without inducement or assurance of any nature and intent it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect

Applicant _____Date _____

Applicant Signature _____