



#### Volunteer Addendum

1) Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Race (optional) \_\_\_\_\_

Daytime Phone ( ) \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

2) Emergency Contact \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

***The information on this application is confidential and will only be released with the applicant's prior permission.***

#### VOLUNTEER AGREEMENTS

In connection with my volunteering through Catholic Charities of West Tennessee I understand certain conduct is expected and that I assume certain risks. By my signature below, I hereby agree to the following:

##### CRIMINAL RECORD STATEMENT

I am aware that my volunteer assignment through CCWTN may bring me in contact with vulnerable populations (schoolaged or pre-school children and elderly and/or disabled people). I hereby affirm that I have never been convicted of any (major traffic violations do not count) criminal offense. If my volunteering puts me in direct unsupervised contact with clients, I hereby give permission to CCWTN to submit my name for a criminal check.

##### VOLUNTEER CONFIDENTIALITY AGREEMENT

I agree not to disclose information of a personal and confidential nature except to those individuals who need to know. I also understand that similar information learned about other CCWTN volunteers and/or staff is also to be treated as confidential. I agree to talk to an appropriate staff member in any situation in which I have questions about confidentiality and/or my possible violation of such confidentiality.

##### PUBLIC RELATIONS ACTIVITY/MEDIA RELEASE

I, \_\_\_\_\_, give my permission to the Catholic Diocese of Memphis to use my picture, recording, personal appearance or quote, and/or that of my child \_\_\_\_\_, for the purpose of advertising, promoting and making known to the general public the services offered. I understand that my picture, recording, personal appearance or quote may be viewed and/or heard by a wide variety of people, and in a variety of locations and settings. I understand that unless I give my consent in advance, my/our names will not be identified or used. This picture, recording, personal appearance or quote will become the property of the Catholic Diocese of Memphis and will not be released to any other person or Agency without my expressed written permission. I understand that I am not entitled to, now or in the future, any payment of royalty for this picture, recording, personal appearance or quote. I am providing this consent voluntarily, and without any threat or coercion or promise of service.

I have read this document and understand it is a release of all claims. I understand and assume all risk inherent to this activity and voluntarily sign accepting these provisions.

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

Staff \_\_\_\_\_ Date \_\_\_\_\_