

Volunteer Opportunities



Personal Information

First Name: _____ Last Name: _____

Address _____ City _____ State _____ Zip _____

Age: _____ Phone: _____ Email: _____

Skills & Experience

Availability

Time	Day
<input type="checkbox"/> Morning	<input type="checkbox"/> Monday
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Tuesday
	<input type="checkbox"/> Wednesday
	<input type="checkbox"/> Thursday
	<input type="checkbox"/> Friday

Volunteer Areas

- ☐ Cashier - CCNK Thrift Store Salina
- ☐ Sorting/Organizing - CCNKS Thrift Store Salina
- ☐ Picking up Bulk Food/Hygiene Orders
- ☐ Stocking Pantry Shelves
- ☐ Filling Mobile Outreach Food and Hygiene Kits
- ☐ Building/Grounds Maintenance
- ☐ Make Soliciting and Follow Up Phone Calls
- ☐ Special Events

Additional areas of interest:

Location Available to Help

☐ Salina ☐ Hays ☐ Manhattan



VOLUNTEER GUIDELINES

SUPERVISION: I understand that volunteers are always supervised by and accountable to the staff of this program of Catholic Charities. I understand that when an assignment is made, I will be advised by the Volunteer Coordinator the hours I will be asked to work and the location of that work.

POLICIES & PROCEDURES: I understand that Catholic Charities appreciates and depends upon the reliability and dedication of many volunteers. As a volunteer, I commit myself to adhering to Catholic Charities policies and procedures so that the agency can make efficient use of limited resources to do its charitable work. I understand that a supervisor may end that volunteer assignment at any time.

AGENCY PROPERTY: Unless otherwise agreed in writing, I understand that any product of my volunteer work (i.e. program materials, proposal, etc.) becomes the property of Catholic Charities and its programs.

CONFIDENTIALITY: I agree to maintain confidentiality of all proprietary or privileged information I encounter through my involvement at Catholic Charities. This includes information about agency business, staff, volunteers, clients, supporters, or any other persons.

DRIVING IN COURSE OF VOLUNTEERING: If the volunteer position requires driving in the course of work, I understand that I will be required to possess a current and valid driver's license, and provide a copy of my Department of Motor Vehicles record and proof of insurance to Catholic Charities of Salina. I will abide by the Catholic Charities of Northern Kansas Travel Guidelines and Policies which will be provided as needed.

CHILD AND ELDER ABUSE REPORTING REQUIREMENTS: Any child or elder care custodian, health practitioner, or child protective agency who has knowledge of, or observes any suspected instance of child or elder abuse, is to report such instance immediately; or as soon as practically possible. I understand that I would be required to inform my supervisor and/or volunteer coordinator if ever I witness and/or suspect child or elder abuse. I agree to receive an FBI background check and/or fingerprinting if I intend to volunteer directly with children under the age of 18. I further agree to complete the Virtus program through the Salina Catholic Diocese.

SUBSTANCE ABUSE – SMOKING: I understand that volunteers are not allowed to consume alcohol on the premises of any Catholic Charities facility or during volunteer hours. Illegal drugs or controlled substances are not permitted at the facility or at any function sponsored by Catholic Charities. Volunteers may not be under the influence of and may not sell, buy, possess, or use illegal drugs or controlled substances on the premises of any Catholic Charities facility. Catholic Charities maintains a smoke free environment. Smoking is not allowed in our offices.

FIREARMS AND DANGEROUS WEAPONS: Volunteers are not permitted to bring to Catholic Charities worksite or to other places in the course of volunteering for Catholic Charities.

ABSENCE, ATTENDANCE, AND TARDINESS: I understand that as a volunteer, I am expected to be dependable and punctual. If I am unable to report to volunteer or will arrive late, I will contact the volunteer coordinator immediately. I also understand that as a volunteer, I am responsible for signing in and out on the volunteer time sheet provided by the volunteer coordinator.

HARASSMENT: I understand that Catholic Charities will not tolerate harassment of Catholic Charities volunteers by other Catholic Charities volunteers, employees, or by our clients or vendors. Likewise, Catholic Charities will not tolerate any harassment of others by a Catholic Charities volunteer,

CONDUCT AND SERVICE TO OUR CLIENTS: I understand that service is the mission of Catholic Charities and quality client service is essential to our ongoing success both as an organizational and as individuals. Therefore, as a volunteer, providing quality client service should be my first priority at all times. Additionally, I understand that I am expected to conduct myself in a professional manner at all times.

ACKNOWLEDGEMENT OF RECEIPT OF VOLUNTEER GUIDELINES AND HANDBOOK

I have received and read the Catholic Charities Diocese of Salina volunteer guidelines. In addition, I have reviewed the Volunteer Handbook, which is available to me in hard copy upon my request. I have understood the meaning of the Volunteer Guidelines and Volunteer Handbook, and agree to conduct myself in accordance with these documents. I also understand that this acknowledgment will be kept in my volunteer file, and that this acknowledgment may be disclosed to third parties.

Applicant Signature: _____ **Date:** _____

Accepted by: _____ **Date:** _____



Volunteer Liability Release Form

I, _____, agree and do hereby release from liability and agree to indemnify and hold harmless Catholic Charities of Salina, and any of its employees or agents, regarding my volunteer participation. To the maximum extent permitted under Kansas Law, this release is for any liability for personal injuries (including death), property losses or damage, and any and all other risks known and unknown, occasioned by, or in connection with any activity relating to my participation as a volunteer, whether caused by the negligence of Catholic Charities or not. The undersigned further agrees to abide by all the rules and regulations promulgated by Catholic Charities. I assure Catholic Charities that there are no health related reasons or problems which would restrict my participation in this volunteer activity. I agree to indemnify and hold Catholic Charities harmless from any medical costs relating to my participation as a volunteer. I understand that this release means that I am giving up, among other things, my right to sue Catholic Charities and/or its employees or agents for injuries (including death), damages, or losses I may incur relating to my participation as a volunteer.

I have read this entire release. I fully understand it and agree to be legally bound by it

Volunteer Signature

Date

Witness Signature

Date

For volunteers under 18 years old, this Liability Release Form must also be signed by apparent or legal guardian.

Parent/Legal Guardian

Date

CONFIDENTIALITY AGREEMENT

I agree to maintain agency and client confidentiality. Catholic Charities of Salina places responsibility for maintaining of confidentiality with each employee and volunteer. Volunteers may not disclose information outside the agency without specific authorization from the Executive Director.

Within Catholic Charities of Salina, information may be released to other members of staff when necessary to further the delivery of services, to include information for billing purposes, information shared with other staff clinicians in the transfer of cases and all accompanying records, and for the purpose of conducting quality assurance reviews. In such cases information transferred from one Catholic Charities office to another within the diocese of Salina will be treated in the same manner as transfer of information within a single office location. All Catholic Charities employees and volunteers are bound by a confidentiality agreement and will not violate that trust.

Client confidentiality procedures include security of files, handling of materials related to cases, release of information, billing records, etc.

Name _____

Signature _____

Date _____



**Volunteer Consent for Media and
Photographic Use Form**

I, _____ give permission to Catholic Charities of Salina and its employees the absolute right and permission to publish, at any time in the future, photographs, videotapes, or other media containing my image or my voice, in which I may be included in whole or in part, with or without my name, for any editorial, promotional, advertising, fundraising, trade or any other business purposes of Catholic Charities.

I further consent to the reproduction and/or authorization by Catholic Charities of said photograph, video, or audio tape, or any other reproduction for use locally and nationally. I hereby waive any right I may have to inspect and/or approve the use to which it may be applied. I release Catholic Charities and its board of directors, officers, employees, or contracted firms and representatives from all claims of every kind on account of such use.

I understand that my refusal to sign this form will not affect my eligibility for service or employment.

I have read this form and fully understand that by signing, I am giving up any and all legal rights which may otherwise be available to me. I am more than eighteen years of age and have no compensation for this issue.

Volunteer Signature

Date

Witness Signature

Date

For volunteers under 18 years old for which I am the parent or Guardian, I give Catholic Charities and its employees the absolute right and permission as stated above for the following Children listed below.

Name: _____

Age: _____

Name: _____

Age: _____

Name: _____

Age: _____

Parent of Legal Guardian

Date