



Volunteer/Intern Application

Name-Last	First	Middle	Telephone
Address	City	State	Zip
Email			Date of Birth (MM/DD/YYYY)
			Name of School (only for interns)

Have you ever been discharged or disciplined by an employer for theft, sexual harassment, disruptive behavior, using or possessing a weapon on company premises, and/or using or possessing drugs or illegal substances? YES _____ NO _____ If yes, provide date(s) and details:

Have you ever been convicted, pled guilty, or received deferred adjudication for a felony or misdemeanor that resulted in imprisonment or court ordered probation? YES _____ NO _____

Emergency Information	
Person to contact in case of emergency	Telephone
Address	How are they related to you?

Publicity/Photography Release

I or parent/guardian of minor gives Catholic Charities of San Antonio the unlimited authority to use and publish in any locality the film, recordings and/or photographs taken of me or minor in whole or in part and authorize use of my name in any form of advertising or publicity. I or parent/guardian of minor have fully read and understand the above and acknowledge this constitutes a full agreement between me and Catholic Charities of San Antonio and I will not receive any compensation for the foregoing in the future from Catholic Charities of San Antonio or any other source.

Signature

Date

Parent/Guardian Signature(if under 18)

Date

Volunteer and Intern Release and Waiver Liability

This Release and Waiver of Liability (the "release") executed on (date) _____ by (name of the volunteer/intern) _____ ("Volunteer/intern") releases Catholic Charities, Archdiocese of San Antonio, ("Catholic Charities") a nonprofit corporation organized and existing under the laws of the State of Texas and each of its directors, officers, employees, and agents. The Volunteer/intern desires to provide volunteer services for Catholic Charities and engage in activities related to serving as a volunteer.

Volunteer understands that the scope of Volunteer's relationship with Catholic Charities is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that Catholic Charities will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer or Intern is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer's or Interns services to Catholic Charities.

1. Waiver and Release: I, the Volunteer/Intern, release and forever discharge and hold harmless, Catholic Charities and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from services I provide to Catholic Charities. I understand and acknowledge that this Release discharges Catholic Charities from any liability or claim that I may have against Catholic Charities with respect to bodily injury, personal injury, illness, death, or property damage that may result from services I provide to Catholic Charities or occurring while I am providing volunteer services.
2. Insurance: Further I understand that Catholic Charities does not assume an responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of my injury, illness, death or damage to my property. I expressly waive any such claim for compensation or liability on the part of Catholic Charities beyond what may be offered freely by Catholic Charities in the event of such injury or medical expenses incurred by me.
3. Medical Treatment: I hereby Release and forever discharge Catholic Charities from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with Catholic Charities.
4. Assumption of Risk: I understand that the services I provide to Catholic Charities may include activities that may be hazardous to me including, but not limited to loading and unloading, packing items, interaction with clients, and other various activities. As a volunteer/intern, I hereby expressly assume the risk of injury or harm these activities and Release Catholic Charities from all liability for injury, illness, death, or property damage resulting from the services I provide as a volunteer or occurring while I am providing volunteer services.
5. Other: As a volunteer/intern, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Texas and that this Release shall be governed by and interpreted in accordance with the laws of the State of Texas. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Signature

Date

If Volunteer or Intern is a Minor (UNDER AGE 18):

Parent/Legal Guardian Signature

Date

Availability for volunteering

Please fill out and make any notes in empty spaces below.

Availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoons							
Evenings							

****Please note that most programs operate on a M-F work schedule with occasional weekend work.**

Volunteer/Intern Confidentiality Agreement

I, _____, an unpaid volunteer or Intern of Catholic Charities, Archdiocese of San Antonio, Inc., understand that through my work with the agency and its clients I may handle, observe, collect and/or otherwise be exposed to sensitive and confidential information at all times and to refrain from disclosing such information to any unauthorized individual without the express written permission of the client/employee and the express permission of the employee responsible for my supervision.

I agree to treat all clients of Catholic Charities, Archdiocese of San Antonio, Inc. with respect and caring, maintaining appropriate boundaries and relationships with them at all times.

I also understand that violation of this agreement may result in the termination of my volunteer relationship with the agency.

Volunteer's/Intern's Signature

Date