

**APPLICATION FOR ONE TIME PROJECT VOLUNTEERS**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First MI Last

Group Name (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Catholic Charities Program Location (Required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Yes\_\_\_ No\_\_\_ I hereby give permission for the use of photographs of myself for publication or use in print and/or electronic promotional materials for Catholic Charities Eastern Washington and its programs.**

**HOLD HARMLESS/INDEMNITY AGREEMENT**

I, my personal representatives, heirs and assigns do hereby agree to protect, defend, hold harmless and fully indemnify Catholic Charities Eastern Washington, its programs, agents, officers, employees, insurers, and assigns, for any claim or cause of action arising out of strict liability or ordinary negligence in any way connected with my volunteer activity which causes me physical harm or property damage. I further agree to release, hold harmless and indemnify Catholic Charities Eastern Washington, its programs, agents, officers, employees, insurers, and assigns, from any claim, judgment or expenses which may be incurred by my participation in said activity.

I also acknowledge that I am aware of activity safety regulations and will comply, assuming all risk for myself and all liability to others if I fail to do so. If any portion of this agreement is held invalid, it is agreed that the balance thereof shall continue to full legal force and effect.

NAME (Please Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ONSITE STAFF SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**BACKGROUND INVESTIGATION CONSENT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize ***Catholic Charities Eastern Washington/ Eastern Washington*** and/or its agents to make an independent investigation of my background, criminal or police records, confirming the information contained on my Volunteer Application which may be material to my qualifications for being a volunteer now and, if applicable, during the tenure of my volunteer work with ***Catholic Charities Eastern Washington.***

I release ***Catholic Charities Eastern Washington*** and/or its agents and any person or entity that provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regard to the information obtained from any and all of the above referenced sources used. The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Printed) LAST MIDDLE FIRST

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Maiden Name or Other Names Used

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present Address City State Zip How Long?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Former Address City State Zip How Long?

(Please provide 7 years of address history if less than 3 years in Washington State. Use back of page if necessary)

Former Address City State Zip How Long?

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

\*Date of Birth \*\*Social Security Number \*\*Driver’s License Number \*\*State of License

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date

**\*** *The information is* ***always required****.*

\*\**Information* ***required*** *if a Washington state resident for less than 3 years in order to do a federal background check. (****PLEASE CALL IN SOCIAL SECURITY NUMBER******IF YOU ARE FROM OUT OF STATE****. Phone 509-358-4270.)All information is used for identification purposes only, and is in no manner used as qualifications for volunteering.* ***Catholic Charities Eastern Washington*** *is an Equal Opportunity Employer and does not discriminate on the basis of sex, race, religion, age, handicap or national origin.*

**PLEASE SCAN AND SEND COMPLETED FORM TO:** **volunteer@ccspokane.org**

**AT LEAST ONE WEEK BEFORE VOLUNTEERING.**