



Volunteer Enrollment Form

Name: First: _____ Last: _____ Initial: _____

Address: _____ City _____ Zip _____

County: _____ Phone: (home) _____ (cell) _____

E-mail Address: _____ Are you a veteran? ____ Yes ____ No

Date of Birth: ____ - ____ - ____ (Note: If you are 55 or older you will be enrolled in Common Good RSVP)
Month Day Year

Physical limitations: _____

In case of emergency notify: Name: _____ Relationship: _____

Phone: (home) _____ (cell) _____

Do you want reimbursement for miles driven while volunteering? ____ Yes ____ No

The following information is optional. Our funding sources require us to report this information as we are able. The information is provided with Common Good RSVP program TOTALS; the reporting does not identify individual RSVP volunteers.

Gender: ____ Male ____ Female

Race/Ethnic Group: ____ Asian or Pacific Islander ____ Hispanic ____ African American

____ Native American ____ Caucasian ____ Other

Statement of Authorization to use photographs: Please Initial: _____ Date: _____

I authorize Catholic Charities and its affiliates to use and publish photographs or other likeness of me, my name, and descriptions of my service as a volunteer for whatever purpose Catholic Charities deems appropriate. I hereby do waive any claims that I may have which may arise at any time in connection with the authorization given or the use or publication of such photographs or other likeness of me, my name, and descriptions of my service by Catholic Charities or its affiliates. I hereby release Catholic Charities and its present and past officers, directors, managers, employees, agents, and affiliates, from all such claims and any and all related injury and damage.

PLEASE CONTINUE ON THE BACK 

As a volunteer, I receive supplemental liability insurance when commuting to and from volunteer assignments. As required, I will keep in effect liability insurance equal to or greater than the minimum required by the State of Minnesota.

Driver's License No. _____

Insurance Company _____ Policy # _____

Statement of Valid Driver's License and Insurance Coverage: Please Initial: _____ Date: _____

I understand that if I use my personal automobile to and from my volunteer location, I will keep my driver's license current and good standing and will keep in effect liability insurance equal to or greater than the minimum required by the State of Minnesota.

I DO NOT DRIVE: Please Initial: _____ Date: _____

All volunteers are covered by our supplemental insurance, free of charge. Please list your beneficiary for Accident Insurance Policy:

Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Telephone: (home) _____ (cell) _____

Statement of Confidentiality: Please Initial: _____ Date: _____

I understand that in my capacity as a volunteer, I may come into contact with confidential information. I agree to protect this information to the best of my ability as a volunteer and not to disclose it during or after my service as a volunteer has ended.

By signing this form, I hereby acknowledge that the information provided on this form is true and complete to the best of my knowledge.

Signature: _____ Date: _____

Volunteer Site/Location: _____

Primary Volunteer Duties: _____

Mail your completed form to Catholic Charities Executive Office:

Catholic Charities
Volunteer Enrollment Form
PO Box 379
Winona, MN 55987