

SOCIETY OF ST. VINCENT DE PAUL SHEBOYGAN VOLUNTEER APPLICATION

VOLUNTEER AGREEMENT, LIABILITY WAIVER, CONFIDENTIALITY

My signature on this agreement indicates that I understand and agree to the following conditions:

All statements I have made on this application are true and complete to the best of my knowledge and I have withheld no information, which would unfavorably AFFECT MY VOLUNTEER SERVICES.

- I authorize all contacts indicated in this form to furnish any and all information they may have, personal or otherwise. I do hereby release and discharge any and all such parties involved, from any and all claims that I may have now or in the future arising out of the release or use of said information.
- I hereby give complete permission for SVdP to conduct a criminal background check, arrest records check and abuse registry check for the purpose of my volunteer services. I understand that a criminal background check may be conducted prior to and during my service. I authorize investigations of all statements contained in this application.
- I hereby release SVdP, for whom I will be performing volunteer/community service work, and all persons and entities involved in planning, organizing and supervising service activities, from any and all liability for any and all loss or injury, personal or otherwise, that I may sustain as a result of my participation in volunteer/community service.
- Furthermore, I understand that any client or sensitive (outside the public domain) agency information which is disclosed to me in any manner while I am serving at SVdP, is confidential and must be treated as such.
- If I will be driving my own vehicle in the conduct of my volunteer service work, I hereby state that my vehicle is covered by insurance as required by state law.
- If I will be driving a SVdP vehicle in the conduct of my volunteer service work, I agree to submit a copy of my valid Driver's License.

Volunteer Initial: _____ Date: _____

Print Name: _____ Date: _____

Signature: _____