



3710 East 20th Avenue • Anchorage, AK 99508 • 907-222-7300 • fax 907-258-1091 • cssalaska.org

VOLUNTEER APPLICATION

Date:

Program of Interest: Please Select

Name:

(Last) (First) (Middle Initial) (Other last names)

Mailing Address:

City:

Zip:

Preferred Phone:

Birthdate:

Email Address:

Are you interested in being included in our e-mail list for volunteers? Yes No

Most recent volunteer experience

(Agency)

(Year)

Please check the group(s) with whom you wish to work:

- Adults Homeless Persons Immigrants & Refugees
 Agency Staff Teens/Young Adults Other

Please check any special skills or interests:

- Arts and Crafts Donation Drives Fundraising
 Nutrition Media/Graphic Design Administrative/Office Support
 Tutoring Children's Activities Professional License:
 Gardening Construction/Carpentry

Days and times you are available to volunteer:

How would you prefer to be recognized for your volunteer efforts?

Please check all that apply:

- Thank you Note Nomination for Volunteer Award
 Lunch with Executive Director Other: _____

How did you hear about volunteer opportunities with CSS?

- CSS Volunteer/Employee Church Website
 School Friend/relative Other
 Newspaper United Way



To be filled out by volunteer manager only

AK Background Check Clearance	<input type="checkbox"/> Yes
Dates of contact:	
Notes:	

What are your expectations as a CSS volunteer?

What are you hoping to get out of your volunteer experience at CSS?

Why are you choosing to volunteer with CSS?

Are you here to complete Community Service Hours? YES NO
If YES, please indicate the number of hours you need to complete: _____ by:

Have you ever been convicted of a felony? YES NO

Caring Clinic Volunteer Application Addendum:

The following documents/questions are required:

- Copies of current license and malpractice coverage.
- 2 professional references:

Name: _____ Phone: _____
Email: _____

Name: _____ Phone: _____
Email: _____

Please give a brief description of your past medical experience:

Have you ever been or are you currently involved in a malpractice suit?

YES NO

Have you ever had your license suspended or revoked?

YES NO

Have you ever had your privileges suspended or revoked?

YES NO

Person to contact in case of an emergency:

Name:

Phone Number:

Relationship:

- I certify that all the information contained in this application is true and correct to the best of my knowledge.
- I hereby authorize and empower Catholic Social Services or persons employed on their behalf to investigate all statements contained in this application. I hereby release any and all individuals who provide information in response to any inquiry from Catholic Social Services or its employees under this release from any and all claims by me or through me, either known or unknown, which may arise from providing information covered by this release.
- I understand that should my application be accepted, my services will be provided on a strictly volunteer basis and that I will not be compensated for my services. I understand and agree that I will not be an employee of Catholic Social Services.
- I understand and agree that Catholic Social Services or I may terminate my volunteer services at any time.
- I agree to abide by all rules and policies adopted by Catholic Social Services for volunteers.

Signature:

Date:



STATEMENT OF CONFIDENTIALITY

One of the most important aspects of Catholic Social Services is confidentiality of information pertaining to clients, employees, volunteers and donors of CSS, as well as agency information. Careful attention to the individual's right to privacy is required by Catholic Social Services and professional standards. Maintaining the confidentiality of the clients, employees, volunteers and donors of Catholic Social Services is essential for the protection of the agency, clients, employees, donors, staff and volunteers.

I understand that the clients, employees, volunteers and donors of Catholic Social Services are entitled to the utmost regard and respect. I will therefore conduct myself in a friendly and professional manner at all times with the well being and privacy of the individual in mind during all personal interactions. Without a signed release or permission from the respective individual, I will not release the name of a client, employee, volunteer or donor nor discuss any incident encountered or observed at any agency program except to authorized staff members or other agencies as required by law. This is to include any and all incidents and/or statements of sexual or physical abuse of minors, and any incidents and/or statements indicating suicidal or homicidal intentions, except as required by law.

Maintaining agency information as confidential is vital to the agency, as well as a matter of professionalism. I agree that any agency information which is not made public will be kept confidential, unless I am specifically given permission by management to release such information.

My signature below indicates that I have read, understand and agree to abide by Catholic Social Services Statement of Confidentiality as outlined above.

Volunteer Signature

Date

Supervisor Signature and Title

Date