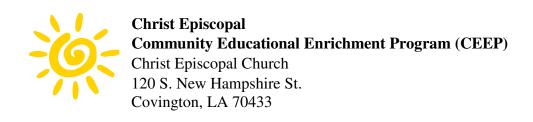


### **ADULT VOLUNTEER APPLICATION (18 & older)**

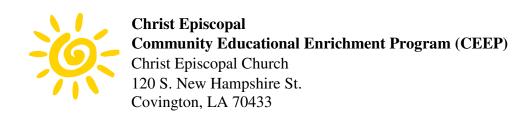
Print name

**Volunteer Information (PLEASE PRINT)** First: Last: Date: Nickname: Date of Birth (mm/dd/yyyy): Gender: M F Are there any **medical needs** we should know about? **Medications:** Allergies (other than seasonal): Mailing Address: City/zip: Email Address: Phone: Driver's License Number/State: Describe any ailments, physical or mental impairments that would prevent you from performing the duties of a Volunteer in this program: T-Shirt size (Circle Approximate Size) Youth: YS(6-8) YM(10-12) YL(14-16) YXL(18-20) Adult: S M L XL 2XL 3XL Whom may we thank for telling you about CEEP? I authorize Christ Episcopal Church to use my name, age, photographic image, and quotes for use in promoting CEEP and/or Christ Episcopal Church. Please initial: YES \_\_\_\_\_ NO \_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_



### **VOLUNTEER EMERGENCY INFORMATION**

RELEASE AND CONSENT	TTO EMERGENCY MEDICAL TREATMENT
its employees, agents, and repadministering medication and authorization is otherwise una discretion of Christ Episcopa	(volunteer), I hereby grant to Christ Episcopal Church and presentatives the authority to make medical decisions, including authorizing surgery, in the event of accident, injury or illness, when other available, unobtainable or impractical to obtain, or when in the sole I Church, including its employees, agents and representatives, the liate medical decisions or attention.
HARMLESS Christ Church, suits, claims, demands, action	ner agrees to RELEASE, DISCHARGE, INDEMNIFY, AND HOLD its employees, agents, representatives and other volunteers from any and all its, liabilities and damages of every kind and character arising out of or in edical decisions made as authorized above.
Signature:	Date:
Printed name:	
AUTHORIZED CARETAKI	
Person to contact in case o	f an emergency:
Relationship:	
Phone number(s):	
Person to contact in case o	f an emergency:
Relationship:	
Phone number(s):	



#### **VOLUNTEER AGREEMENT**

As a volunteer in the Christ Episcopal Enrichment Program (CEEP), I understand that I am making myself available as an assistant in the program to help the teachers, director and staff with the educational and recreational activities of the campers. I agree to conduct myself in a manner fitting and appropriate with the program's and church's standards, rules of conduct and mission statements.

I further understand that my responsibilities as a volunteer hold me to a higher model for the students and that I am supposed to present myself to them with a certain amount of decorum, as explained and demonstrated during the volunteer orientation. I agree to act respectful and polite always in my interactions with students, teachers, staff, directors and other volunteers.

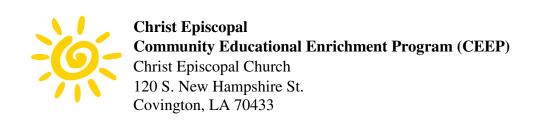
If chosen to serve as a volunteer, I agree to be bound by all policies and procedures, including but not limited to the Episcopal Diocese of Louisiana *Policies for Protection of Children and Youth From Abuse file:///C:/Users/Reception/Downloads/EDOLA-Safeguarding-Policy.pdf* and the *Code of Conduct for the Protection of Children and Youth*. I understand that these may be changed, withdrawn, added to or interpreted at any time at the sole discretion of the Episcopal Diocese of Louisiana and without prior notice to me.

I also understand that my volunteering may be terminated, or any offer or acceptance of volunteering withdrawn, at any time, with or without cause, and with or without prior notice at the option of my church, Diocese or myself. Nothing contained in this application or in any or prevolunteering communication is intended to or creates a contract between myself and the Episcopal Diocese of Louisiana or any church, school or Diocesan institution for employment, volunteering, or the providing of any benefit.

Furthermore, I understand and agree on the requirements for attendance and punctuality. If I am to be absent, I will contact the director and/or the volunteer coordinator, to inform them ahead of time in as much as I am able. I do understand and agree that if I am absent without prior notification, unexcused or tardy three times, I will be dismissed from the program as a volunteer.

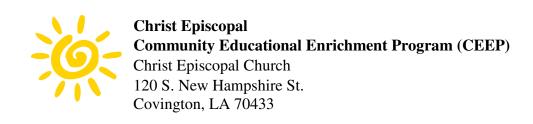
It is my full intention to work as a willing, respectful volunteer, and by serving this capacity, I will assist the teachers, director and staff in meeting the goals of the program. My signature below affirms this intention.

Signature of volunteer	Date
Print name of volunteer	



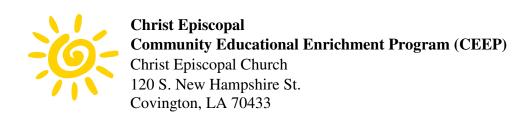
# EPISCOPAL DIOCESE OF LOUISIANA CODE OF CONDUCT FOR THE PROTECTION OF CHILDREN AND YOUTH

☐ I will do my best to prevent abuse and neglect among childre or Diocesan ministries, activities and events.	en and youth involved in church, school
☐ I will not physically, sexually or emotionally abuse or neglect	ct a child or youth.
☐ I will comply with all applicable policies, standards and guid Protection of Children and Youth from Abuse.	delines set forth in these Policies for the
☐ If I observe any inappropriate behaviors or possible violation concerns about clergy behavior, I will immediately report my of Section V of the Policies for the Protection of Children and You	observations pursuant to the procedures in
☐ I acknowledge my obligation and responsibility to protect chasuspected or known abuse or neglect to appropriate law enforce accordance with Diocesan policies and the reporting procedure. Abuse of Children and Youth.	ement authorities and to church leaders in
☐ I understand that the Episcopal Church does not tolerate abuse agree to comply with these Policies in both spirit and action.	se or neglect of children or youth and
Signature of volunteer	Date
Print name of volunteer	



## **QUESTIONAIRE**

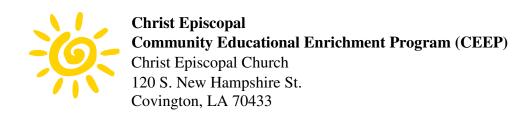
1) Have you volunteered for something similar in the past? Please describe briefly.
2) Why are you interested in volunteering?
3) Do you have children or other relatives participating in this ministry, program, activity or event? Please give their name(s) and relationship(s).
4) Have you ever been accused of physically, sexually or emotionally abusing or neglecting a child or an adult? [ ] Yes [ ] No
If yes, please explain



### **DRUG-FREE WORKPLACE**

I realize that the illegal use, possession, dispensation, distribution, manufacture or sale of controlled substances is prohibited when I am on duty, on or off the work site. I understand that violation of this policy may result in disciplinary action up to and including termination. I acknowledge my responsibility to notify Christ Episcopal Church within five (5) days if I am convicted of violating any criminal drug statute while at work. I further realize that my employer is required by law to give notice of such conviction to any federal agency from which it received grants or contracts, and I hereby waive all claims that may arise from conveying this information to such federal agency.

Signature of volunteer	Γ	Date
Print name of volunteer		



### **CONFIDENTIALITY AGREEMENT**

The medical and social histories of our students and their families are privileged information and must be treated with strict confidentiality always. All volunteers should adhere to the following:

- Volunteers will conduct themselves in a professional manner and will not discuss privileged information about students within hearing range of students and their families, visitors, or any other unauthorized personnel.
- Volunteers will not discuss privileged information outside of CEEP.
- Volunteers will not discuss privileged information in open settings.
- Discussion of privileged information should be limited to forums such as multi-disciplinary meetings, case conferences and consultations.
- Privileged information will not be release without a signed release.
- Volunteers shall read, sign, and date this agreement indicating that they understand its contents.

I have read and understand the contents of this agree	eement.	
Signature of volunteer	Date	
Print name of volunteer		