



**Christ Episcopal
Community Educational Enrichment Program (CEEP)**
Christ Episcopal Church
120 S. New Hampshire St.
Covington, LA 70433

TEEN VOLUNTEER APPLICATION

***Volunteer Information* (PLEASE PRINT)**

First:	Last:	Date:
Nickname:	Date of Birth (mm/dd/yyyy):	Gender: M F
School Presently Attending:		
Are there any medical needs we should know about?		
Medications: <i>*CEEP does not have trained staff to administer medication to students.</i>		
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?		

***Parent Information* (PLEASE PRINT)**

Parent/Legal Guardian's Name:		
Address (<i>if different</i>):		City/zip:
Mobile phone:	Work Phone:	Home Phone:
Email address:		

1) My child has my permission to participate in all activities and to attend all field trips/swimming trips sponsored by CEEP.

2) I authorize Christ Episcopal Church to use my child's name, age photographic image, and quotes for use in promoting CEEP and/or Christ Episcopal Church.

Please initial: YES _____ NO _____

Print Student's name _____

Signature of Parent/Guardian _____ Date _____

Print Parent/Guardian name _____



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VOLUNTEER EMERGENCY INFORMATION

RELEASE AND CONSENT TO EMERGENCY MEDICAL TREATMENT

On behalf of _____(volunteer), I hereby grant to Christ Episcopal Church and its employees, agents, and representatives the authority to make medical decisions, including administering medication and authorizing surgery, in the event of accident, injury or illness, when other authorization is otherwise unavailable, unobtainable or impractical to obtain, or when in the sole discretion of Christ Episcopal Church, including its employees, agents and representatives, the circumstances require immediate medical decisions or attention.

The undersigned hereby further agrees to **RELEASE, DISCHARGE, INDEMNIFY, AND HOLD HARMLESS** Christ Church, its employees, agents, representatives and other volunteers from any and all suits, claims, demands, actions, liabilities and damages of every kind and character arising out of or in connection with respect to medical decisions made as authorized above.

Signature of Student's Parent/Guardian: _____

Printed name of Parent/Guardian: _____ Date: _____

AUTHORIZED CARETAKERS

Person to contact in case of an emergency:	
Relationship:	
Phone number(s):	
Person to contact in case of an emergency:	
Relationship:	
Phone number(s):	
In addition to those above, the following people are authorized to check out/pick up my child.	
Name:	Phone:
Name:	Phone:
Name:	Phone:



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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 pre-volunteering 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

PARENT/GUARDIAN

By signing below, I agree to support and uphold my child’s participation as a volunteer in this program. Furthermore, I understand my obligation to my child’s commitment to be responsible attendee and to be punctual.

Signature of parent/guardian

Date

Print name of parent/guardian



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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 children and youth involved in church, school or Diocesan ministries, activities and events.
- I will not physically, sexually or emotionally abuse or neglect a child or youth.
- I will comply with all applicable policies, standards and guidelines set forth in these Policies for the Protection of Children and Youth from Abuse.
- If I observe any inappropriate behaviors or possible violations of policies, standards or guidelines, or concerns about clergy behavior, I will immediately report my observations pursuant to the procedures in Section V of the Policies for the Protection of Children and Youth from Abuse.
- I acknowledge my obligation and responsibility to protect children and youth and will report suspected or known abuse or neglect to appropriate law enforcement authorities and to church leaders in accordance with Diocesan policies and the reporting procedures set forth in Recognizing and Reporting Abuse of Children and Youth.
- I understand that the Episcopal Church does not tolerate abuse or neglect of children or youth and agree to comply with these Policies in both spirit and action.

Signature of volunteer

Date

Print name of volunteer

Signature of parent/guardian

Date

Print name of parent/guardian



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QUESTIONNAIRE

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 _____



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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

Date

Print name of volunteer

Signature of parent/guardian

Date

Print name of parent/guardian



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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 agreement.

Signature of volunteer

Date

Print name of volunteer

Signature of parent/guardian

Date

Print name of parent/guardian