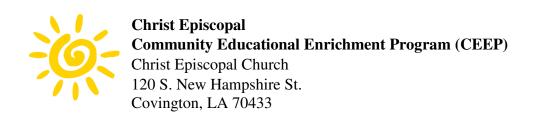


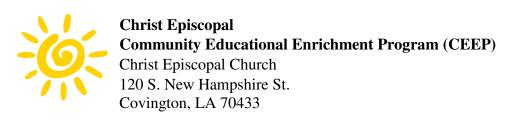
TEEN VOLUNTEER APPLICATION

Volunteer Information (PLEASE PRINT) First: Date: Last: Nickname: Date of Birth (mm/dd/yyyy): Gender: M F School **Presently** Attending: Are there any **medical needs** we should know about? **Medications:** *CEEP does not have trained staff to administer medication to students. 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 (*if different*): City/zip: Work Phone: Home Phone: Mobile 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



VOLUNTEER EMERGENCY INFORMATION

RELEASE AND CONSENT TO	O EMERGENCY MEDICAL TREATMENT
its employees, agents, and represe administering medication and aut authorization is otherwise unavail	(volunteer), I hereby grant to Christ Episcopal Church and entatives the authority to make medical decisions, including horizing surgery, in the event of accident, injury or illness, when other lable, unobtainable or impractical to obtain, or when in the sole urch, including its employees, agents and representatives, the medical decisions or attention.
HARMLESS Christ Church, its e suits, claims, demands, actions, li	grees to RELEASE, DISCHARGE, INDEMNIFY, AND HOLD employees, agents, representatives and other volunteers from any and all abilities and damages of every kind and character arising out of or in all decisions made as authorized above.
	ardian:
Printed name of Parent/Guardian:	: Date:
AUTHORIZED CARETAKERS	
Person to contact in case of an Relationship:	emergency:
Kelationship.	
Phone number(s):	
Person to contact in case of an	emergency:
Relationship:	
Phone number(s):	
In addition to those above, the fo	ollowing people are authorized to check out/pick up my child.
Name:	Phone:
Name:	Phone:
Name:	Phone:



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.

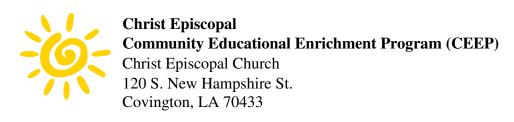
If chosen to serve as a volunteer, I agree to be bound by all policies and procedures, including but not limited to the Episcopal Diocese of Louisiana *Policies for Protection of Children and Youth From Abuse* file:///C:/Users/Reception/Downloads/EDOLA-Safeguarding-Policy.pdf and the *Code of Conduct 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.

Signature of parent/guardian	Date	

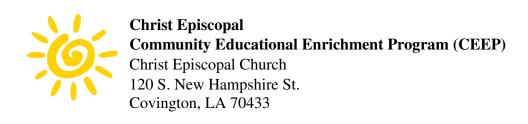
Print name of parent/guardian



EPISCOPAL DIOCESE OF LOUISIANA

CODE OF CONDUCT FOR THE PROTECTION OF CHILDREN AND YOUTH

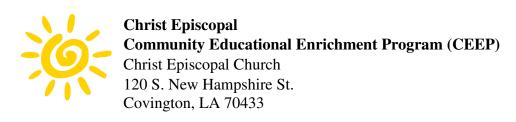
☐ I will do my best to prevent abuse and neg or Diocesan ministries, activities and events.	glect among children and youth involved in church, school s.
☐ I will not physically, sexually or emotiona	ally abuse or neglect a child or youth.
☐ I will comply with all applicable policies, Protection of Children and Youth from Abus	, standards and guidelines set forth in these Policies for the se.
• 11 1	or possible violations of policies, standards or guidelines, or ediately report my observations pursuant to the procedures in of Children and Youth from Abuse.
suspected or known abuse or neglect to appr	sibility to protect children and youth and will report ropriate law enforcement authorities and to church leaders in reporting procedures set forth in Recognizing and Reporting
☐ I understand that the Episcopal Church do agree to comply with these Policies in both s	oes not tolerate abuse or neglect of children or youth and spirit and action.
Signature of volunteer	Date
Print name of volunteer	
Signature of parent/guardian	Date
Print name of parent/guardian	



QUESTIONAIRE

1) Have you volunteered for something similar in the past? Please describe briefly.

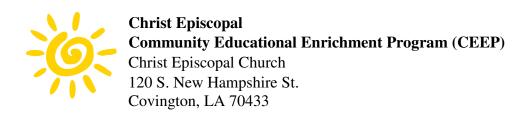
2) Why are you interested in volunteering?
3) Do you have children or other relatives participating in this ministry, program, activity or event? Please give their name(s) and relationship(s).
4) Have you ever been accused of physically, sexually or emotionally abusing or neglecting a child or an adult? [] 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	Date	
Print name of volunteer		
Signature of parent/guardian	Date	
Print name of parent/guardian		



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.

I have read and understand the contents of this agreement.

• Volunteers shall read, sign, and date this agreement indicating that they understand its contents.

Signature of volunteer	Date	
Print name of volunteer		
Signature of parent/guardian	Date	
Print name of parent/guardian		