



Catholic Charities
of Los Angeles, Inc.

Mission Statement
Catholic Charities is committed to manifesting Christ's spirit by collaborating with diverse communities, providing services to the poor and vulnerable, promoting human dignity, and advocating for social justice.

Volunteer Application

Applicant Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Phone: _____ Cell: _____ Email: _____

Date of Birth: _____

Emergency Contact _____
Name *Relationship* *Phone*

Email: _____

Interests and Skills

What type of tasks/activities are you interested in doing? _____

Is there a specific program/location within Catholic Charities in which you desire to volunteer? _____

Other languages that you speak, read or write? _____

Additional Information

Ethnicity (Optional)

American Indian/Alaskan Asian/Pacific Islander Black/African American

Hispanic/Latino White/Caucasian Other

Female Male

References

Please list one personal and one professional reference.

Personal _____
Name *Relationship* *Phone*

Professional _____
Name *Relationship* *Phone*

What guided you to Catholic Charities of Los Angeles (CCLA) for Volunteer opportunities?

Church Website Court Ordered Program

Word of Mouth Advertisement CCLA Employee

Other _____

Volunteer Availability

Please mark the days/times you are available to intern.

Write specific time restrictions if applicable.

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
AM: 8:30-12:00							
PM: 12:00-5:00							
Eve: After 5:00							

Length of Commitment

- 3 months
 6 months
 9 months
 other

Required Hours

*Please complete this section **only if you have required hours to complete.***

1. Why are you required to complete volunteer or community service hours?
 - Religious Education (e.g. Confirmation class)
 - Court-ordered Community Service
 - High School Requirement
 - College/University Requirement
 - Other (please explain) _____

2. What date do you need to complete your hours? _____

Email to JBatiste@CCharities.org or contact James Batiste, Director of Volunteer Services, at 213-251-3421.

Office Use Only

Type of Volunteer:
 Registered
 Community
 Occasional

Site: _____ Program Number: _____ Region: _____

Volunteer Site Supervisor: _____ Phone Number: _____

Volunteer Site Supervisor: _____ (signature) Date: _____

Director of Volunteer Services: _____ (signature) Date: _____

TB Test Required:
 No
 Yes - Date Obtained: _____

Background Check Required:
 No
 Yes - Date Obtained: _____

Cleared
 Did not clear

Live Scan Required:
 No
 Yes - Date Obtained: _____

Cleared
 -Did not clear



RELEASE AND AUTHORIZATION

In accordance with my right to privacy, I have been advised by Catholic Charities, Los Angeles, that the information described below is required to assist the same in making an employment hiring/advancement determined concerning me and that execution of this is voluntary.

I hereby authorize the Custodian of Record/Director of Human Resources, or an authorized and qualified agent of that office bearing this document or a copy thereof, to obtain information from all personnel, educational institutes, government agencies, to include the Department of Justice and The Youth Authority, companies, corporations, workers' compensation information, law enforcement agencies or individuals relating to my past activities to supply any and all information concerning my background, and release same from any liability resulting from providing such information. The information received may include, but is not limited to academic, job performance, attendance, personal history, financial record history, disciplinary and/or criminal records.

I understand that the information released is for consideration of my employment application, resume and possibly for the purpose of determining my qualifications for future assignments.

I further hereby release any individual associated with the compilation of such information to include records custodians, directors, officers, agents, employees, if authorized representative of the same, from any and all liability for damages of whatever kind of nature, which may at any time accrue to me on account of (1) reliance by such person on the information submitted in my employment applications; (2) reliance by such persons on the information obtained pursuant to this authorization (3) compliance with, or any attempt to comply with, this authorization, and (4) termination of my employment based on information obtained after commencement thereof pursuant to validity of this authorization. If adverse action is taken based in whole or in part on the consumer report, we will provide to you a copy of the consumer report and a summary of the consumer's rights as prescribe by the FCRA. This report will not be used in violation of any federal or state laws and/or equal employment opportunity laws or regulation.

I hereby certify that all the statements and answers set forth on this application form and documents signed are true and complete to the best of my knowledge, and I understand that if, subsequent to employment any of such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just for terminations of my employment.

PLEASE PRINT CLEARLY

_____ Signature of
Applicant/Employee Date

_____ Address
PRINT FULL NAME

For purpose of gathering information, I agree to supply the following information, which may be required by law _____ enforcement agencies and other entities for positive City, State, Zip Code identification purpose when checking records. It is confidential and will not be used for any other purpose.

_____/_____/_____
Date of Birth Driver License # Issuing Date Social Security #

LAST NAME AS IT APPEARS ON DRIVER LICENSE _____



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VOLUNTEER AGREEMENT

Confidentiality Agreement: Confidentiality is a trust between the agency and the client. This implies that information the client has shared will remain private. Confidentiality is an agency-wide responsibility, including volunteers. Volunteers are prohibited from discussing client and family problems or information with anyone, except with designated staff or situations specified by staff supervisor. As an Intern, you may have access to confidential information, whether it be its suppliers, its customers, or perhaps fellow employees. You have the responsibility to prevent revealing or divulging any such information unless it is necessary for you to do so in the performance of your duties. Access to confidential information should be on a "need-to-know" basis and must be authorized by your supervisor. Any breach of this agreement will not be tolerated and legal action may be taken by CCLA. I agree to maintain the confidentiality of all clients about whom I have personal and identifying information. Initial:_____

Potential Hazards and Risks: I am aware that as an Volunteer I expose myself to potential hazards which include but are not limited to: kitchen accidents, cuts, burns, back injury from lifting, car accidents, property damage or injury to others, falls, etc. I understand the potential hazards that have been explained to me. I am voluntarily participating in this service with the knowledge of the potential hazards involved and hereby agree to accept any and all risks of injury. Initial:_____

Intern Handbook Receipt: I have received a copy of the Catholic Charities of Los Angeles, Inc. Intern Handbook. I acknowledge that I have reviewed and understand its contents. Initial:_____

Photograph/Interview Release: Catholic Charities of Los Angeles, Inc., requests your consent to photograph film or interview you for the purpose of imparting information about you raising funds for its programs. By participating, your likeness may be seen in public. I consent to allow Catholic Charities of Los Angeles, Inc., to use my photograph or interview at a later date in printed or broadcast form. I understand that there is no compensation for my participation. Initial:_____

By signing this form, I understand and agree to the above terms and conditions related to my services to Catholic Charities of Los Angeles, Inc. If I am under 18 years of age, my parent/guardian must indicate consent by signing this form.

Print Name

Volunteer Signature

Date

Parent/Guardian Signature if Volunteer under 18 years of age

Date



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VOLUNTEER BOUNDARIES

Boundaries are those limits we set to keep a separation between our paraprofessional lives, our professional lives and our personal lives. Here are some expectations of conduct that will assist you in maintaining a healthy boundary line between you and the client:

- **Always remember** that your relationship is with CCLA, Inc., not the client. This simply means keeping in mind that you should not become attached to clients. If you do, you will lose the ability to remain objective. Be friendly, but don't become friends with the clients.
- **It is best to inform** clients that their secrets are not to be shared with you. Getting you involved in "secrets" is a way to pull you into their problems and that is not why you are Interning.
- **It is in your best interest to not** disclose personal information. Questions from clients about your marital status, family, or occupation are not appropriate. Do not give out your home phone or address EVER.
- **Refrain from** offering to help clients with giving them a ride or with errands around town. Our clients need to be responsible for themselves and part of that is being forced into finding alternatives to asking someone for a lift (for instance, taking the bus especially if tokens are available).
- Some of our clients may be actively involved in support groups and 12-step programs. If you are also involved in such groups, especially as a Volunteer, please respect anonymity. Do not divulge that you are acquainted and please do not divulge what goes on in your support groups unless you believe there is a VERY pertinent reason.
- Avoid giving clients advice.
- Be free of drugs and alcohol
- Only engage in social interactions that will enhance a client's progress, commitment to, or participation in our programs. No self-initiated socialization should take place independent of CCLA, Inc. activities. □
Refrain from any physical contact with clients

I understand that this Volunteer Boundaries constitutes the minimum standard of conduct at CCLA, Inc., and that if I violate any portion of this, it may jeopardize my ability to serve as a Volunteer at CCLA, Inc.

Print Name

Volunteer Signature

Date

Parent/Guardian Signature if Volunteer under 18 years of age

Date



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VOLUNTEER GUIDELINES

1. Dress appropriately for the Volunteer position you have been assigned to.
2. Always check in with your supervisor. Be on time and ready to serve the clients of CCLA, Inc.
3. When you arrive, sign in as a volunteer on your Volunteer Time Sheet. Your supervisor will inform you where the Time Sheets are kept at the location. Please sign in every time you come to CCLA, Inc. to volunteer.
4. Maintain your original work schedule and the work hours assigned. If you are sick or unable to come to work, contact your site supervisor.
5. Inform your site supervisor if you move or if your phone number changes so we can update our records.
6. If it is not your assigned volunteer day, you **DO NOT** have permission to re-enter the work area to visit **DO NOT BRING CHILDREN** with you on your volunteer day. If you have childcare issues, please arrange another Volunteer day with the Volunteer Coordinator.
7. Visitations from friends while you are volunteering **WILL NOT** be allowed in the work area. Please make arrangements to meet them outside of the CCLA, Inc., building.
8. Respect the privacy and confidentiality of CCLA clients and staff.
9. Taking pictures or videotaping requires prior permission.
10. **NEVER** bring personal items, goods, services or merchandise to the CCLA, Inc. to be sold. This type of activity could jeopardize our non-profit status.
11. If you are unhappy with your assignment, every effort will be made to accommodate you. Please let the Volunteer Coordinator know of the difficulty you are having. Be specific and give your impression of why you are experiencing the difficulty. If the difficulty is an interpersonal issue, the Volunteer Coordinator will first speak, individually with each of the parties involved in order to understand and resolve the problem. If the difficulty persists, the Volunteer Coordinator will schedule a meeting between you and the other person(s). At that time, you will have the opportunity to state your grievances in a safe, and controlled atmosphere.

I understand that this Volunteer Guidelines constitutes the minimum standard of conduct at CCLA, Inc., and that if I violate any portion of these policies, it may jeopardize my ability to serve as a Volunteer at CCLA, Inc..

Print Name

Volunteer Signature

Date

Parent/Guardian Signature if Volunteer under 18 years of age

Date

Yalom, I.D., & Leszcz M (2015). *The Theory and Practice of Group Psychotherapy*. New York: Basic Books.



NON-DISCLOSURE AND CONFIDENTIALITY AGREEMENT

I, _____, acknowledge and agree that:

1. During my volunteer efforts with **Catholic Charities of Los Angeles, Inc.**, I may obtain information about Employer's staff, volunteers, clients, supporters and friends which is private and confidential, and protected by various federal and state laws, including, but not limited to, names, addresses, social security numbers, and financial information (the "Confidential Information").
2. I may also obtain information that is proprietary to Employer, including, but not limited to, policies, practices, programs and techniques (the "Proprietary Data").
3. I agree that I shall not at any time during or after my volunteer efforts disclose or divulge to others, including future employers, any Confidential Information and Proprietary Data in violation of this Agreement.
4. I agree that upon request and upon the termination of my volunteer efforts I shall return all Employer documents and records, including but not limited to: reports, manuals, correspondence, volunteers and staff lists, computer programs, and all other materials and all copies in electronic or any other format, relating in any way to the Employer's activities or in any way obtained by me during the course of my volunteer efforts.
5. I further agree that I shall not retain copies, notes or abstracts of the foregoing.
6. Employer may notify any future or prospective employer or third party of the existence of this agreement, and shall be entitled to full injunctive relief and any other legal remedies available for any breach.
7. I acknowledge that I have read and fully understand this Non-Disclosure and Confidentiality Agreement and that I am signing it voluntarily.

Signature

Date: _____