

Complete and Return to Volunteer Coordinator

(518) 918-8726 | fcaputo@st-cath.org

### PERSONAL INFORMATION

Name \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
Telephone (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
In case of emergency, notify (Name) \_\_\_\_\_ Telephone \_\_\_\_\_  
E-Mail \_\_\_\_\_ Relationship \_\_\_\_\_

### OCCUPATION OR EDUCATION

Employed? Yes  No   
If Yes: Full-Time  Part-Time   
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Supervisor \_\_\_\_\_ Supervisor's Phone \_\_\_\_\_  
Are you a student? Yes  No  Name of School \_\_\_\_\_  
Will you be receiving college credits for your volunteer work? Yes  No   
Semester Term: \_\_\_\_\_ to \_\_\_\_\_

### VOLUNTEER INTERESTS

How often are you interested in volunteering? One Time  Monthly  Weekly  As Needed

Availability (list hours, if possible):

Mon. \_\_\_\_\_ to \_\_\_\_\_ Thurs. \_\_\_\_\_ to \_\_\_\_\_ Sun. \_\_\_\_\_ to \_\_\_\_\_  
Tues. \_\_\_\_\_ to \_\_\_\_\_ Fri. \_\_\_\_\_ to \_\_\_\_\_  
Weds. \_\_\_\_\_ to \_\_\_\_\_ Sat. \_\_\_\_\_ to \_\_\_\_\_

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**SKILLS**

What special interests or skills do you have that may help us match you with the best volunteer assignment?

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Are you interested in specific tasks or programs at St. Catherine's Center for Children?

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**REFERENCE INFORMATION**

Please provide two references (no relatives):

Personal  Professional

Relationship: \_\_\_\_\_

Name (First and Last) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Personal  Professional

Relationship: \_\_\_\_\_

Name (First and Last) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_

I hereby certify the information I have submitted above is accurate, and I give St. Catherine's permission to verify either my employment or my school program and to contact the personal references I have listed.

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(Volunteer Signature)

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(Date)

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***Confidentiality Contract***

I \_\_\_\_\_, understand that all volunteers may, at some point, work with sensitive and confidential information that may include but is not limited to clients' personal, medical, and/or educational information, which is protected under but not limited to statutes including: The Electronics Communications Privacy Act (1986), Family Educational Rights and Privacy Act (1974), Family Protection Act (1981) and The Health Insurance Portability and Accountability Act (1996), among others. All of St. Catherine's volunteers are required to sign confidentiality agreements and adhere to the Agency's technology, social media, electronic communications and privacy policies. Client information also includes pictures, videos, and/or recordings as these can be unique identifiers, and are also protected under aforementioned statutes.

Information about donors is also considered confidential and sensitive. As such, any information that is compromised or disseminated by a volunteer for purposes not delineated as proper Agency or Foundation business, or for individual or collective gain may be subject to legal action.

To protect the confidentiality of our clients and donors, family members are not eligible to volunteer for assignments, treatments, and delivery of services to any children, families, and adults involved with the Agency or Foundation of St. Catherine's Center for Children.

By signing this agreement, I acknowledge that I do not have a family member who is a client at St. Catherine's Center for Children. I also acknowledge that if a family member or close friend becomes a client at St. Catherine's, my volunteer assignment may change to protect client confidentiality.

\_\_\_\_\_  
(Volunteer Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Volunteer Name in Print)

\_\_\_\_\_  
(Volunteer Coordinator Signature)

## ***Volunteer Rights and Responsibilities Acknowledgment***

As a volunteer, you will be generously contributing your time to St. Catherine's programs and supporting and inspiring the children and families we serve. Volunteers like you strengthen the St. Catherine's community, and we value the skills and expertise you bring to our programming. As a volunteer, you hold rights and responsibilities, outlined below:

1. You have the right to be treated and valued in the same way as staff.
2. We ask that you have regular contact and access to the staff person assigned to your supervision.
3. We ask that you participate regularly and arrive on time. We ask that you contact your program supervisor if you cannot make it.
4. We ask that you have a clear understanding of what is expected of you and your role as a volunteer.
5. We ask that you be responsible for signing in and out each day.
6. We ask that you review the guidebook carefully.
7. We ask that you advise your supervisor of any problems or concerns that may arise during your volunteer session.
8. We ask that you respect the privacy of each client and adhere to the Confidentiality Agreement.
9. We ask that you be flexible, as our plans may change without notice. We will do our best to keep you informed of schedule changes.
10. We ask that you report any issues and concerns to the Volunteer Coordinator.
11. We may use and promote images of you/your group volunteering on social media and/or other promotional materials.
12. We ask that you adhere to our Social Media Policy, and conduct yourself as an ambassador of St. Catherine's Center for Children.

I understand the rights and responsibilities expected of volunteers at St. Catherine's Center for Children. I have been given a copy of my rights and responsibilities.

If you have any questions or concerns, please contact Franchesca Caputo at (518) 918-8726 or E-Mail [fcaputo@st-cath.org](mailto:fcaputo@st-cath.org).

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**(Volunteer Signature)**

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**(Date)**

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**(Volunteer Name in Print)**

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**(Volunteer Coordinator Signature)**