

Volunteer Application¹
Please complete in full and print your answers.

Name

First	Middle	Last
List any other names you have been known by, including maiden and nicknames		
Date of Birth ²	Phone	Email address

Address

Street	Unit/Apt. #
Town	Zip Code
Mailing Address (if different from above)	
Have you resided in any states other than NH during the past 5 years? (circle) Yes No If yes, list all states:	

Position

Indicate the parish, school, camp, or ministry in which you wish to volunteer (include the city or town):
Indicate the position you are seeking:

The following questions are only for adult volunteers who regularly work with minors:

Have you ever committed, been arrested or been convicted of physical or sexual abuse or neglect of a minor (person under age 18) or a vulnerable adult (person who is 18 or older and who is particularly susceptible to manipulation because of a mental or physical disability) that has not been annulled by a court? (circle) Yes* No
Have you ever been subject to any court order involving an allegation of sexual, physical, or verbal abuse of a minor or a vulnerable adult? (circle) Yes* No
*If you answered yes to either of these questions, please provide an explanation on a separate sheet of paper and attach it to this form.
For adult <u>parish</u> volunteers who regularly work with minors (does not apply to Scout volunteers): Have you been registered at the parish for 6 months or more? (circle) Yes No (If "no," you must provide a written recommendation from a pastor or a parish supervisor from your previous parish in order to work with minors.)

By signing this form, I certify that the information contained herein is true to the best of my knowledge and belief. I authorize the Roman Catholic Diocese of Manchester to investigate the information contained on this form, including my criminal conviction record. I understand that it is my obligation to notify my pastor, principal, or director within 14 days if I am arrested or convicted of a crime after signing this form.

Signature: _____ Date: _____

¹ Volunteers who regularly work with minors must undergo background screening and training in addition to completing this volunteer application form.

² Date of birth is requested for identification purposes only.

Volunteer Agreement

I, _____, (the "Volunteer") acknowledge that I have voluntarily applied to serve as a volunteer _____ (the "Position") at the Roman Catholic Bishop of Manchester, a corporation sole d/b/a _____ (the "Location") and I agree as follows:

Acknowledgments. (1) I am donating my time and services without any compensation and shall at no time be considered an employee or independent contractor of the Location; (2) I understand the nature of the Position; and (3) I am qualified, in good health, and in proper physical condition to serve in such Position.

Assumption of Risk. (1) I am aware that the Position may be hazardous; (2) I am volunteering with knowledge of the danger involved; (3) I agree to assume any and all risks of my injury, illness, or death or loss of or damage to my automobile or other personal property, whether those risks are known or unknown; and (4) I acknowledge the Location, the Roman Catholic Bishop of Manchester, and the Roman Catholic Bishop of Manchester, a Corporation Sole, and any lessor of the premises have no obligation to provide me with any insurance or other financial assistance for my injury, illness, or death or loss of or damage to my automobile or my other personal property resulting from the Position and expressly waive any claim for such compensation.

Medical Treatment. In the event of a medical emergency, I consent to receive necessary medical treatment until the following contact can be notified and I agree to be responsible for the payment of such treatment:

Name: _____ Relationship: _____ Phone: _____

Promotion. I consent to any photographic images or video or audio recordings taken while volunteering and grant and convey all rights, title, and interest of such images and recordings to the Location.

Severability. This Volunteer Agreement is intended to be as broad and inclusive as is permitted by applicable law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I ACKNOWLEDGE THAT I AM AGE 18 OR OLDER, I HAVE READ THIS VOLUNTEER AGREEMENT AND FULLY UNDERSTAND ITS TERMS.

VOLUNTEER'S SIGNATURE: _____ DATE: _____

ADDRESS:

MINOR RELEASE: (must be completed by Parent/Guardian for a Volunteer under the age of 18)

I, THE PARENT OR GUARDIAN OF THE VOLUNTEER, HAVE READ THIS VOLUNTEER AGREEMENT AND FULLY UNDERSTAND ITS TERMS.

PRINTED NAME OF PARENT/GUARDIAN: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____