



CYO and Community Services - Short Term Volunteer Application

(Please print/type)

Today's Date: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Home Telephone: _____ Cell Phone: _____

Email Address: _____ Virtus Training: ____ yes ____ no

Current Employment: _____ Position: _____

Name of Volunteer Group: _____ Name of Group Leader: _____

Have you ever been convicted of any violation of the law (except minor traffic violations? ____ Yes ____ No
If yes, please state offense, location and disposition (NOTE: A conviction will not necessarily disqualify
you from volunteering) _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Phone Number: _____ Alternate Phone: _____

Please list any allergies, medication or facts to which a physician or dentist should be alerted: _____

If emergency contact cannot be reached, CYO and Community Services reserves the right to seek medical attention at the nearest medical facility and will be held harmless in all legal issues that may arise from this decision.

AUTHORIZATION TO PHOTOGRAPH

I give permission and authorize CYO to photograph or otherwise electronically or digitally record my image or the image of the youth volunteer for whom I am a parent or legal guardian, for publication in printed or electronic form, and for my image or that of the youth volunteer to be seen and disseminated to the general public in any media form, including, but not limited to CYO and/or Catholic Charities Health & Human Services newsletters, posters, displays, films, videos, or websites.

VOLUNTEER WAIVER OF LIABILITY STATEMENT

CYO and Community Services is a partnership of youths, adults and parishes, rooted in Catholic values, committed to fostering a culture of community service, and dedicated to serving the young, the disabled, the elderly and the poor. As a volunteer, I will cooperate in the fulfillment of this mission. In consideration of the opportunity afforded me to assist on a voluntary basis with CYO & Community Services Inc., and in light of the aims and purposes of the community service projects organized and provided by CYO & Community Services Inc., I, my heirs, and assigns hereby waive any right or cause of action arising as a result of my participation in said project from which any liability may or could accrue against the CYO & Community Services Inc. or its officers and directors collectively or individually. Without limiting the generality of the foregoing, I agree that this waiver shall include any rights or causes of action resulting from personal injury to me or damage to my property sustained in connection with my activities. Furthermore, I understand that CYO or I may terminate my volunteer relationship at any time with or without cause and without prior notice.

Signature of Applicant: _____ Date: _____

Opportunities for volunteers at CYO and Community Services are provided without regard to age, gender, race, religion, creed, nationality, disability or marital status. Retention, promotion, and termination of volunteer service is based on merit, qualification and competence.

Please return completed application to Volunteer ServicesCoordinator, CYO and Community Services, 812 Biruta Street, Akron OH 44307, or fax to 330-762-2001.