



VOLUNTEER APPLICATION

(PLEASE PRINT CLEARLY)

CONTACT INFORMATION

Volunteer's Name (PRINT NEATLY): _____

Full Address _____

Phone: Cell (_____) _____ Home/Work (_____) _____

Email Address: _____

How long have you been at this address? _____

BACKGROUND

College: _____ Major: _____

Post-Grad School: _____ Major: _____

Current Employer: _____ Job Title: _____

Current Employer Address: _____

Current Employer Phone Number: (_____) _____ Employed From: _____ to current

MEDICAL AND EMERGENCY INFORMATION

In case of emergency, contact: Name: _____ Relationship: _____

Home/Work Phone: (_____) _____ Cell Phone: (_____) _____

List any MEDICAL CONDITIONS you have: _____

List any allergies: _____

Date of last Tetanus shot: _____ Date of TB skin test: _____ Result: _____

I have had a complete Hepatitis B Vaccination Series? YES NO** UNKNOWN**

**If NO or UNKNOWN, I understand that the lack of the vaccine and contact with potentially infected blood and body fluids will place me at higher risk for contracting Hepatitis B _____(initials)

In the event of an emergency I give consent for the staff and/or volunteers of St. Anna Episcopal Church, New Orleans to obtain necessary medical treatment for the person listed above. I further hold harmless St. Anna Episcopal Church, New Orleans, and the Episcopal Diocese of Louisiana from any liability for acting or failing to act in obtaining or consenting to any such medical treatment.

Signature of Volunteer
If under 18 years of age:

Date

PRINTED Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date



VOLUNTEER APPLICATION

(PLEASE PRINT CLEARLY)

I am interested in working in: kid's program health program Office Food Pantry

I am a: College Student needing Service Learning Credit for (school name) _____

Teacher Musician RN/LPN* MD* APRN (Nurse Practitioner)* EMT*

Licensed Counselor/Social Worker Other _____

*If MD, APRN, RN, LPN OR EMT, do you have a current, unencumbered Louisiana license? YES NO

Have you volunteered/worked in a similar program in the past? No Yes, describe briefly:

Why are you interested in volunteering? _____

I have expertise or experience in the following areas (please check all that apply):

Tutoring Dance Computer Skills Physical Education Gardening Nutrition

Music Art Social Media Other: _____

Have you ever been accused of physically, sexually or emotionally abusing or neglecting a child or an adult? No Yes, please explain: _____

If chosen to serve as a volunteer, I agree to be bound y all policies and procedures, including but not limited to the Episcopal Diocese of Louisiana Policies for *Protection of Children and Youth From Abuse* 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 m y 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 St. Anna's Episcopal Church, Anna's Place NOLA, the Episcopal 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 benefits.

I HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS.

PRINTED Name of Volunteer

Signature of Volunteer

Date

If under 18 years of age:

PRINTED Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date