



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 (if attending/attended): _____

Degree Held if any: _____

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: _____ Don't know

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: kids program Office Food Pantry

Why are you interested in volunteering? _____

I am a: Teacher Musician Licensed Counselor/Social Worker
 College Student needing Service Learning Credit for (school name) _____
 Other _____

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 Grant Writing Other: _____

Have you volunteered/worked with children in the past? No Yes, describe briefly:

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 by 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 I understand that these may be changed, withdrawn, added to or interpreted at any time at the sole discretion of the Episcopal Diocese of Louisiana and without prior notice to me.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 my 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