Society of St. Vincent de Paul,
Council of Los Angeles
Attn: _____
210 N. Avenue 21
Los Angeles, CA 90031-1713
Conf. Dept.: 1-323-224-6298
Fax: 1-323-225-4997

# VOLUNTEER APPLICATION

## Personal Information:

| | |
|---|---|
| Name: | Today's Date: |
| Home Address:<br>_____<br>Street, Apt No.<br>_____ _____ _____<br>City State Zip | Home Telephone: (___)_____<br>Cell Telephone: (___)_____<br>Personal E-Mail: _____ |
| Gender: ☐ Male ☐ Female | Age: |

Identification:
If you have a valid and current California Driver's License, or a California ID card please show it to the President of the Society's Conference mentioned above.

**For Volunteer Younger than 18, Only:**

| | |
|---|---|
| Name of School:<br>Grade/Class: | Birthday (required): _____ ____ _____<br>Month Day Year |

**Volunteer Experience:** Have you ever served as a Volunteer for the Society? ☐ Yes ☐ No

Please describe past volunteer service, including involvement in the Society or other ministries, present and past.

## Skills and Interests:

What languages (other than English) do you speak and/or read?

Please describe any special skills, talents, or related training that you believe would promote the mission of the Society through your Volunteer services:

**Fingerprinting and Release of Liability:**

If you are 18 years of age or older and will perform services as a Volunteer with the Society's clients you are required to be fingerprinted pursuant to the Livescan Fingerprinting Program (the "**Fingerprinting Program**"), which is offered and conducted in coordination with the Roman Catholic Archdiocese of Los Angeles (the "**Archdiocese**"). The President of the Conference mentioned above will give you instructions on how to participate in and complete the Society's fingerprinting requirements under the Fingerprinting Program, *e.g.*, through a Parish Church, during your orientation as a Volunteer Applicant; and in this connection, by executing and signing below you consent to fingerprinting.

By signing below you also acknowledge that your participation in the Fingerprinting Program does not assure that you will be approved by the Society as a Volunteer. By submitting the above Application to the Society, and in consideration of the Society's review hereof, you also hereby hold harmless, and fully discharge and release the Archdiocese, in addition to the Society, and any persons or agencies employed by or otherwise associated with either the Archdiocese or the Society, from, and waive any and all liability or claims against them, and each of them, for any and all damages or injuries resulting from my participation in the Fingerprinting Program.

By signing below you grant the Society the right to check the results of the Fingerprinting Program through the Archdiocese, regardless of whether such fingerprinting was done for a parish, Society or other program. Such rights continue throughout the time you are a Society volunteer.

**Note: In the event you already have been fingerprinted by the Archdiocese pursuant to the Fingerprinting Program, please mark the "Yes" box below, and then it will not be necessary for you to be fingerprinted again as part of this Application.** □ **Yes**

**Volunteer Status**. If the Society approves and accepts this Application by you to serve as a Volunteer for the Society, you hereby acknowledge and understand that when you commence performing services as a Volunteer for the Society, you shall not be an employee of the Society, you shall not be an independent contractor hired for compensation by the Society, and you shall not receive any compensation or other benefits (*e.g.*, goods or services) whatsoever for any work done or services performed as a Volunteer.

**If you are under 18 years of age, the signature of a Parent or Legal Guardian is required.**

_____ _____

**Parent or Legal Guardian** **(Please print name)** **Date**

**I hereby agree to be fingerprinted as required and to all the terms and conditions set forth under "Fingerprinting and Release of Liability" and acknowledge the statements set forth under "Volunteer Status" above.**

_____ _____ _____

**Signature** **Date** **Print Name**