



Group Volunteer Application

Contact Information

Full name: _____ Date of Birth: ____/____/____
Last First M.I.

Phone(s): _____
Home Cell Work

Email(s): _____
Personal Work

Address: _____
Street Apartment/Unit

_____ *City State ZIP Code*

Emergency contact: _____
Name Phone Relationship to you

Do you have any medical needs or specific accommodations we should be aware of? (limitations, allergies, medications, conditions, etc) _____

Education and Employment

Current employer: _____

If you're a student, what school do you attend?: _____

What group are you affiliated with?: _____

COVID-19 Screening

1. Have you been in contact with someone who is considered positive for COVID-19 or someone who is actively quarantined? Yes No
2. Have you been ill with any of the following symptoms: cough, shortness of breath, fever, body aches, diarrhea, headache, or acute loss of taste or smell? Yes No
3. Have you had a fever above 100.3 in the past 48 hours? Yes No

Waiver of Liability & Photo Release

By signing this application, I agree to assume all risk in conjunction with the volunteer activity. I further agree to hereby release and hold harmless the Catherine McAuley Center, any of its association or affiliated organizations, its agents, employees, officers, directors, and servants from any and all liability, claims, suits, demands, or causes of action which may arise from volunteering for the Catherine McAuley Center.

As a part of my participation, I grant permission to the Catherine McAuley Center to use my photograph. This includes still or motion picture, and the recording of my voice. These photographs and/or recordings may be used for advertising and publicity purposes. I hereby release Catherine McAuley Center, any affiliated organizations, their directors, officers, agents, employees and customers, as well as any appointed advertising agencies, their directors, officers, agents and employees for all claims of every kind on account of such use.

_____ **Initials**

Printed Name

Signature

Date

**If you are under the age of 18, please have your guardian sign: _____