



**VOLUNTEER BACKGROUND CONSENT FORM**

\_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE INITIAL

DATE OF BIRTH \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

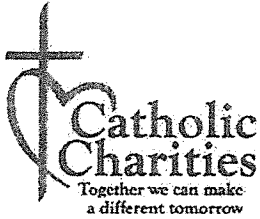
TELEPHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

I authorize Catholic Charities of the Diocese of St. Cloud to conduct a background check as a basis of my placement as a volunteer with the organization. I understand that I am to report any changes in my criminal history to Catholic Charities of the Diocese of St. Cloud.

\_\_\_\_\_  
SIGNED

\_\_\_\_\_  
DATE



## Volunteer Hold Harmless Agreement

Volunteers signed in for a volunteer shift and performing services for Catholic Charities are provided limited accident coverage for injuries incurred while acting within the scope of his/her duties. This policy does not provide workers' compensation benefits.

In the scope of his/her duties as a volunteer performing work within a Catholic Charities program, \_\_\_\_\_ *(fill in the name of the volunteer)* agrees to indemnify, hold harmless and waive any right of subrogation against Catholic Charities for workers' compensation benefits arising from bodily injury.

This hold harmless agreement shall apply to any work done within a Catholic Charities program, whether under written agreement or not, and shall continue in effect so long as any such work is being done.

Church/group \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Employee Title: \_\_\_\_\_

Date: \_\_\_\_\_