

# Notre Dame of Mt. Carmel Operation Appalachia

Office Use Only. Date Received: \_\_\_\_\_ \$100 Payment Received: \_\_\_\_\_

## 2016 Volunteer Application

*Please note that due to rising dormitory costs, there is now a \$100 fee for use of the dorm facilities.*

*If you are unable for any reason to contribute the fee this year, please let us know - no one will be turned away.*

Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

*If you are 18 or older, you need to complete VIRTUS training and a background check before participating in Operation Appalachia. If you are 18 or over, please respond.*

I attended VIRTUS (Y/N): \_\_\_\_\_ Date/Location: \_\_\_\_\_

I completed a background check through Notre Dame (Y/N): \_\_\_\_\_

*The following is a list of skills that may be needed for our work in West Virginia. Please read and check the appropriate spaces.*

	Unskilled No experience	Novice Limited exp.	Skilled Experienced	Professional Expert
Carpentry/Framing/Trim	_____	_____	_____	_____
Additions to Houses or Trailers	_____	_____	_____	_____
Fixing/Building Porches	_____	_____	_____	_____
Roofing	_____	_____	_____	_____
Masonry	_____	_____	_____	_____
Electrical	_____	_____	_____	_____
Plumbing	_____	_____	_____	_____
Insulating	_____	_____	_____	_____
Sheetrocking	_____	_____	_____	_____
Spackling	_____	_____	_____	_____
Scraping/Painting	_____	_____	_____	_____
Flooring	_____	_____	_____	_____
Installing Water Lines	_____	_____	_____	_____
Gardening	_____	_____	_____	_____
House Cleaning (In & Out)	_____	_____	_____	_____
Other Skills: _____				

Power tool experience: \_\_\_\_\_

*Please make sure to fill out the entire application package. The first page is for contact information and our skills survey. The second page contains emergency health information and a medical release. The third and fourth pages are for the Diocese of Wheeling-Charleston. The final page is the the Diocese of Paterson Code of Conduct Agreement.*

# Notre Dame of Mt. Carmel Operation Appalachia

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

**Emergency Contact Information:**

	Name	Relationship	Phone #
#1	_____	_____	_____
#2	_____	_____	_____

**Insurance Information:**

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Health Information:**

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Last physical: \_\_\_/\_\_\_/\_\_\_\_\_ Tetanus Booster: \_\_\_/\_\_\_/\_\_\_\_\_ Blood Type: \_\_\_\_\_

Have you had/do you currently have	Yes	No	If Yes, Explain
A chronic or ongoing condition			
Any prescribed or OTC medications			
Surgery, hospitalizations, ER visits			
Any allergies/sensitivities to medications			
Any allergies (bee stings, pollen, foods, etc.)			
Type of reaction: rash/hives/anaphylaxis			
Medication for above reaction			
Concussion requiring medical evaluation			
Memory loss, or have been "knocked out"			
Seizure			
Frequent or severe headaches			
Chest Pain			
High Blood Pressure			
Restriction from activity for medical reasons			
Vision problems/ Wear contacts/ glasses			
Hearing problems/ Wear hearing aids/ implants			
"Burner," "Stinger," pinched nerve			
Swelling/pain/sprain/fracture			
Heat related problems (dehydration, fatigue, dizziness, headache)			
Other: _____			

**Medical Release:**

I give permission for \_\_\_\_\_ to be treated by medical personnel in case of an accident or medical emergency. **(Print)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Liability Release:**

In case of accident or injury to \_\_\_\_\_, I release the following groups and individuals from all liability: the Catholic Church of Preston County, the Diocese of Wheeling/Charleston, all paid and volunteer staff of these organizations, the people served by the project, those in Preston County assisting in its implementation, Notre Dame of Mt. Carmel Church (Cedar Knolls, NJ) and St. Mary's Church (Denville, NJ). **(Print)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# SUMMER HOME REPAIR PROGRAM Volunteer Information & Agreement 2016

*This side to be filled out by all volunteers (\*required fields).*



**The Catholic Church  
of Preston County  
322 East Main Street  
Kingwood WV 26537  
(304) 329-1519**

\*name \_\_\_\_\_

\*address \_\_\_\_\_

email \_\_\_\_\_

telephone \_\_\_\_\_

\*group \_\_\_\_\_ \*week \_\_\_\_\_

parish Church \_\_\_\_\_ location \_\_\_\_\_

school (if appropriate) \_\_\_\_\_ year \_\_\_\_\_

work (if appropriate) \_\_\_\_\_

Have you been to the Summer Home Repair Program before? yes \_\_\_ no \_\_\_

If yes, when? \_\_\_\_\_

Any other information we should know or you would like to share with us.

\_\_\_\_\_  
\_\_\_\_\_

I agree to freely and willingly participate in the Summer Home Repair Program of the Catholic Church of Preston County. I have read and understand the *Volunteer Guidelines* and I agree to abide by these guidelines while I am in Preston County.

I am fully aware that the volunteer experience in Preston County will require me to make personal sacrifices of which I might not be accustomed. I realize that living and working together in community will require me to display patience and respect towards members of the group, other volunteers, the homeowners, and the greater community.

I give consent for the Catholic Church of Preston County to videotape and photograph me during my volunteer week. I understand that these videotapes and photographs might be used for advertising and/or orientation purposes or materials for the Summer Home Repair Program or on the Church website.

I will hold harmless the Catholic Church of Preston County and any of its parishes and missions, Catholic Charities West Virginia and any of its local affiliates, the St. Vincent de Paul Society, the Diocese of Wheeling-Charleston, the Bishop of the Diocese of Wheeling-Charleston, and all staff, members and volunteers of the above groups, from any and all liability or injury associated with the Summer Home Repair Program. I also understand that the Catholic Church of Preston County does not provide medical insurance or coverage to the participants of the Summer Home Repair Program, and that it is the volunteer's responsibility for coverage should any medical situation arise before, during or after his or her stay in Preston County.

\_\_\_\_\_  
\*Volunteer signature \_\_\_\_\_ \*date (mm/dd/yyyy) \_\_\_\_\_

\_\_\_\_\_  
\*Parent/Guardian signature (if under 18 years old) \_\_\_\_\_ \*date (mm/dd/yyyy) \_\_\_\_\_



## **Acknowledgement & Statement of Compliance**

### **Code of Pastoral Conduct of the Diocese of Paterson: Living and Working with Integrity**

I have received a copy of, read and understand the above Code of Pastoral Conduct for the Diocese of Paterson and commit to uphold this Code in my ministry and/or work. I realize and fully understand that any violation of the Code on my part will make me subject to disciplinary action and may result in the immediate termination of my employment or volunteer service.

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

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

Print Name (Please print): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Please choose the role(s) you serve in the Diocese:

Priest                       Deacon                       Seminarian  
 Employee                       Volunteer

Parish, School, Agency, Religious Community or  
Organization: \_\_\_\_\_

Location(s): \_\_\_\_\_