

# 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) \_\_\_\_\_

*This side to be filled out completely by those who will be 18 or older at any time during the work week.*



**Diocese of Wheeling-Charleston  
Office of Safe Environment**



**Questionnaire for receipt of  
Policy Relating to Sexual Abuse of Children**  
For volunteers with the Catholic Church of Preston County

**Confidentiality Notice:** All information on this form is held in the strictest of confidence. The purpose of this information is to insure the accuracy of information pertaining to the applicant. All information must be completed on this page.

**PLEASE PRINT THE BELOW INFORMATION**

Name: \_\_\_\_\_  
Last First Middle

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

\_\_\_\_\_ City State Zip Code

Mailing Address (if different from above): \_\_\_\_\_

Last four digits of your Social Security Number

**Has a criminal or civil complaint ever been filed against you, alleging physical or sexual abuse?**  YES  NO  
If YES, give a short explanation of the complaint. Please indicate the date, nature and place of the incident, where the complaint was filed, and the disposition of the complaint.

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

**Have you ever terminated your employment or had your employment terminated for reasons relating to allegations of physical or sexual abuse?**  YES  NO  
If YES, give a short explanation of the allegation(s). Please indicate the date, nature and place of the allegation(s), your employer at the time, including your employer's name, address and telephone number.

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

**Have you ever received any medical treatment, physical or psychological, for reasons involving physical or sexual abuse by you?**  YES  NO  
If YES, give a short description of the treatment, including date(s), nature, and location(s), identifying the treating physician(s) by name, address, and telephone number.

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

**The information I have provided on this side of this questionnaire is accurate to the best of my knowledge, and may be verified by the Diocese of Wheeling-Charleston. I agree to execute any release necessary to permit the release to the Diocese of Wheeling-Charleston: of prior employment, medical, judicial, and law enforcement records and information pertinent to matters addressed in this questionnaire.**

**Additionally, I hereby acknowledge that I have either received a copy of the Diocese of Wheeling-Charleston Policy relating to sexual abuse of children dated *August 2014* or I will access a copy at [www.dwc.org/diocesan-policy.html](http://www.dwc.org/diocesan-policy.html), and that I will read the policy and conduct myself in accordance with the policy.**

(signed) \_\_\_\_\_ (print name) \_\_\_\_\_

Date \_\_\_\_\_ Home Parish \_\_\_\_\_ Home Diocese \_\_\_\_\_