**St. Vincent Mission Inc.**

**ERIN BOTTOMLEE** Phone: 606-886-2511

Executive Director Cell: 606-339-0445

PO Box 232 Email:erin@stvincentmission.org

6369 HWY 404 Website: stvincentmission.org

David, KY 41616

Long Term Volunteer Application

|  |
| --- |
| **Applicant Information** |
| Last Name |  | First |  | M.I. | Date |  |
| Address |  |  |  |
| Phone |  | E-mail Address |  |
| Date Available |  | Social Security No. |  |  |  |
| Position Applied for |  |
| Are you a citizen of the United States? | YES [ ]  | NO [ ]  | If no, are you authorized to work in the U.S.? | YES [ ]  | NO [ ]  |
| Have you ever volunteered with us? | YES [ ]  | NO [ ]  | If so, when? |  |
| Have you ever been convicted of a felony? | YES [ ]  | NO [ ]  | If yes, explain |  |
| Are you willing to submit to drug testing? YES [ ]  NO [ ]  |
| How did you hear about us? |
|  |
| **Education** |
| High School |  | Address |  |
| From |  | To |  | Did you graduate? | YES [ ]  | NO [ ]  | Degree |  |
| College |  | Address |  |
| From |  | To |  | Did you graduate? | YES [ ]  | NO [ ]  | Degree |  |
| Other |  | Address |  |
| From |  | To |  | Did you graduate? | YES [ ]  | NO [ ]  | Degree |  |
|  |
| **References** |
| *Please list three personal references.*  |
| Full Name |  | Relationship |  |
| Email |  | Phone | ( ) |
| Full Name |  | Relationship |  |
| Email |  | Phone | ( ) |
| Full Name |  | Relationship |  |
| Email |  | Phone | ( ) |
| **Previous Employment** |
| Company |  | Phone | ( ) |
| Job Title |  | Supervisor |  |
| Responsibilities |  |
| From |  | To |  | Reason for Leaving |  |
| Company |  | Phone | ( ) |
| Job Title |  | Supervisor |  |
| Responsibilities |  |
| From |  | To |  | Reason for Leaving |  |
| Company |  | Phone | ( ) |
| Job Title |  | Supervisor |  |
| Responsibilities |  |
| From |  | To |  | Reason for Leaving |  |
|  |
| **Disclaimer and Signature** |
| I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. |
| Signature |  | Date |  |

|  |  |  |
| --- | --- | --- |
| Name | Site/Position | Phone Number |
|  |  |  |
|  |  |  |
|  |  |  |

 Please list other places where you have volunteered or interned

Please Submit:

1. This application along with:

2.Cover letter describing why you want this opportunity and how you are qualified to meet the volunteer requirements.
3. Letter of recommendation from a priest, pastor or spiritual leader.

4. A copy of your driver’s license or ID.

**St. Vincent Mission Inc.**

**David KY 41616**

**RELEASE AND WAIVER OF LIABILITY**

**READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!**

This Release and Waiver of Liability (the “Release”) executed on this\_\_\_\_ day of\_\_\_\_, 20\_\_\_\_, by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the “Volunteer”) in favor of St. Vincent Mission, Inc., a nonprofit corporation, their directors, officers, employees, and agents.

The Volunteer desires to work as a volunteer with St. Vincent Mission, Inc., and engage in the activities related to being a volunteer (the “Activities”). The Volunteer understands that the Activities may include constructing and rehabilitating residential buildings, working in the St. Vincent Mission, Inc. office, and living in housing provided for volunteers of St. Vincent Mission, Inc. by the David School/and or local church.

The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

1 **Release and Waiver.** Volunteer does hereby release and forever discharge and hold harmless St. Vincent Mission, Inc. and/or the David School, local church and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise form Volunteer’s Activities with St. Vincent Mission, Inc. and/or the David School and/or local church.

Volunteers understand that this Release discharges St. Vincent Mission, Inc. and/or David School, and/or local church from any liability or claim that the Volunteer may have against St. Vincent Mission, Inc. and/or the David School and/or local church with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer’s Activities with St. Vincent Mission, Inc. and/or the David School and/or local church whether caused by the negligence of St. Vincent Mission, Inc. and/or the David School and/or local church or its officers, directors, employees, or agents or otherwise. The volunteer also understands that St. Vincent Mission, Inc. and/or the David School and/or local church does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

2. **Medical Treatment.** Volunteer does hereby release and forever discharge St. Vincent Mission, Inc. and /or the David School and/or local church from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer’s Activities with St. Vincent Mission., Inc. and/or the David School, and/or local church.

3. **Assumption of the Risk.**  The Volunteer understands that the Activities with St. Vincent Mission., Inc. and/or David School and/or local church include work that may be hazardous to the Volunteer, including, but not limited, to construction, loading and unloading, and transportation to and form the work sites.

Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases St. Vincent Mission, Inc. and/or the David School and/or local church from all liability for injury, illness, death, or property damage resulting from the Activities.

4. **Insurance.** The Volunteer understands that, except as otherwise agreed to by St. Vincent Mission, Inc. and/or the David School, local church in writing, St. Vincent Mission, Inc. and/or the David School, and/or local church does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. **Each volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.**

5. **Photographic Release.** Volunteer does hereby grant and convey unto St. Vincent Mission, Inc. and/or the David School or local church all right, title, and interest in any and all photographic images and video or audio recordings made by St. Vincent Mission, Inc. and/or the David School or local church during the Volunteer’s Activities, including, but not limited, to, any royalties, proceeds, or other benefits derived form such photographs or recordings.

6. **Other.** Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Kentucky and that this Release shall be governed by and interpreted in accordance with the laws of the State of Kentucky. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

IN WITNESS WHERE OF, Volunteer has executed this Release as of the day and year first above written.

Volunteer Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Witness Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parental Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer’s telephone (home)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (cell)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer’s home address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Sheet

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

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

In case of emergency please call the following:

|  |  |  |
| --- | --- | --- |
| Name | Phone Number | Relationship |
|  |  |  |
|  |  |  |
|  |  |  |

Doctor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If we are unable to get ahold of your emergency contacts or the situation seems urgent may we call an ambulance? \_\_\_\_\_\_\_\_\_\_

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

Signature Date

The following information is helpful, but you are under no obligation to provide it:

Allergies:

List any medical conditions and what we need to do should a situation arise: