



*Creating programs and partnering with other organizations to address the spiritual, emotional, intellectual, social, as well as leadership development of Catholic youth.*

## **Out of Diocese Volunteer Guidelines and Policies Agreement Form**

Name \_\_\_\_\_

Home Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Diocese \_\_\_\_\_

Is there any fact or circumstance about you or your background that would call into question the advisability of entrusting you with the supervision, guidance and care of children and/or young people?  YES  NO

If yes, please explain: \_\_\_\_\_

I affirm that the information given in this agreement is true, complete and correct. I affirm that I have been trained and approved to work with children and/or young people in accordance with the policies and procedures as outlined in my home diocese.

My signature indicates that I have read & agree to abide by Partnership for Youth's Volunteer Code of Conduct and Modesty Policies & that I have fulfilled or am working to fulfill all requirements to serve as a Volunteer at the Steubenville North Conference. I hereby release Partnership for Youth, its staff and sponsors, from responsibility and liability for any injury, illness, claims, actions, or even death, as well as property damage expenses that I may sustain while volunteering for Partnership for Youth and its events. I will show up for all scheduled volunteer hours and complete any volunteer agreements as scheduled.

\_\_\_\_\_  
Signature of Volunteer \_\_\_\_\_ Date \_\_\_\_\_

I have verified and attest to the fact that the above volunteer has been trained and approved to work with children and/or young people in accordance with the policies and procedures of his/her home diocese.

\_\_\_\_\_  
Signature of Pastor \_\_\_\_\_ Date \_\_\_\_\_

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

This form must be turned in prior to attending the conference.