



**MEMBER OF  
A GROUP**

**Volunteer Enrollment Form**

Group Name: **St. John XXIII/Catholic Heart Work Camp**

Dates of Volunteer Service: **June 13-18, 2022**

Volunteer Name: \_\_\_\_\_

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

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

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

(Work) \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Criminal History: (All 3 answers must be complete and detailed to process application. Attach additional documentation if necessary. If any information is omitted your application will be denied.)**

1. Have you ever been convicted of a criminal offense (misdemeanor or felony)?  Yes  No

If yes, list date(s), count and state of each conviction and fully explain nature of crime: \_\_\_\_\_

\_\_\_\_\_

2. Are you on probation for any reason?  Yes  No

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

\_\_\_\_\_

3. Do you have any pending criminal charges filed against you?  Yes  No

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

\_\_\_\_\_

**GOVERNMENT-ISSUED PHOTO ID MUST ACCOMPANY VOLUNTEER APPLICATION UPON SUBMISSION**

**Disclaimer**

I understand that as a volunteer of LSSVI, I am in agreement with the following: **1)** I am willing to perform various functions at my discretion; **2)** I understand that I am not expected or required to perform these functions and can stop at any time; **3)** I do not expect to receive any compensation or benefits from my efforts from LSSVI; **4)** I acknowledge that I am not an employee of this facility (or any affiliate of this facility); **5)** This facility or any resident benefiting from my service has the right to discontinue my volunteer services at their discretion; **6)** I will be required to submit to a background check conducted by the Volunteer Coordinator via the Dru Sjodin National Sex Offender Public Website ([www.nspow.gov](http://www.nspow.gov)). I understand that eligibility decisions may be based upon information LSSVI obtains through said check.

I certify that the above information provided on this form is true and correct. I understand that as a volunteer of this facility, I must provide my own automobile and health insurance. I agree not to hold this facility or any of its staff, associates, residents or management liable for any physical, emotional, or personal property damage that are a direct or indirect result of activities involved in this volunteer placement. This includes any and all activities I chose to perform as a volunteer. I have read this agency’s policies and procedures, and agree to act in accordance with them while volunteering at this facility.

The information above is valid for 180 days from the date signed.

I hereby  Authorize  Do Not Authorize Lutheran Social Services of the Virgin Islands (LSSVI) to publish photographs taken of me, and my name and likeness, for use in LSSVI’s print, online and video-based marketing materials, as well as other LSSVI publications. I hereby release and hold harmless LSSVI from any reasonable expectation of privacy or confidentiality associated with the images specified above. I further acknowledge that my participation is voluntary and that I waive financial compensation of any type in association with the taking or publication of these photographs or participation in company marketing materials or other LSSVI marketing materials or other LSSVI publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever. I hereby release LSSVI, its contractors, its employees, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.

\_\_\_\_\_  
Printed Name of Volunteer

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent (if under the age of 18)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip