



Sisters of Providence
 OF SAINT MARY-OF-THE-WOODS
Breaking boundaries, creating hope.®

Shortened Volunteer Form

All information on this form is considered confidential.

Name:

First Middle Last

Address

City St Zip

Birth date Phone

E-mail address

Occupation Employer

In case of an emergency contact:

Name Relationship

Cell Phone Work Phone

Authorization for Criminal Background Check and Drug Screening:

The Sisters of Providence strive to maintain a safe environment for our sisters, employees, college, health care residents, and guests. By signing this Authorization, I grant the Sisters of Providence permission to conduct a criminal background check on me. I also authorize the Sisters of Providence to conduct a drug screening on me if it appears that I am impaired while volunteering for the Sisters of Providence.

I hereby release from liability all persons and entities supplying such information. I further release and indemnify the Sisters of Providence and/or other company or agent authorized by the Sisters of Providence against any liability which may result from making or responding to such requests. I understand that upon my request, I will be given a copy of the background and/or screening reports.

By signing below, I represent that I fully understand the terms of this Acknowledgement and Authorization.

Signature Date

(over)

Volunteer Agreement

Terms and Conditions

1. I understand that my services to the Sisters of Providence are provided strictly in a voluntary capacity as a Volunteer, and not as an employee, and without any express or implied promise of salary, compensation or other payment of any kind whatsoever.
2. I understand that my services are furnished without any employment-type benefits, including, but not limited to: personal leave, sick leave, health insurance, or any workmen's compensation benefits.
3. I agree to familiarize myself and comply with the policies and procedures of the Sisters of Providence applicable to Volunteers.
4. I understand that the Sisters of Providence may separate me from my services as a Volunteer at any time, with or without reason and without notice of hearing.

Release

1. I understand that my Volunteer activities on behalf of the Sisters of Providence may place me in a hazardous situation and could result in injury to my property or me. I agree to assume the risks of my participation in all volunteer activities with the Sisters of Providence. On behalf of myself, my heirs, personal representative, successors, and assigns, I hereby release, discharge, acquit, and agree to save, indemnify and hold harmless the Sisters of Providence and its General Council, congregation, employees and agents from any and all claims, actions, causes of action or demands of any nature, including, but not limited to, injury to person or property, whether known or unknown, and in arising out of or in any way connected with my Volunteer activities on behalf of the Sisters of Providence, including, but not limited to any claims, actions, causes of action or demands of any kind including injury to person or property resulting from any negligent act or omission of the Sisters of Providence.
2. I understand that my participation in any activity with the Sisters of Providence is strictly voluntary and at my own risk. I understand and agree that the Sisters of Providence does not provide insurance to cover medical expenses for injuries that may be sustained by me or for damage to my personal property.
3. I hereby give permission to the Sisters of Providence to seek medical treatment for me, through medical personnel of their choice, should I require medical assistance while volunteering with the Sisters of Providence. I understand that I will be responsible for any costs incurred for medical assistance to me.
4. In the event that medical services are warranted, I agree to be transported in public or private transportation provided by the Sisters of Providence or by emergency medical services. I understand that I will be responsible for the costs. I understand that this consent does not impose a duty upon Sisters of Providence to provide such assistance, transportation, or services.
5. This Agreement shall be governed by and construed under the laws of Indiana.
6. Any legal action relating to this Agreement will be commenced and maintained exclusively before any appropriate state court of record in Vigo County, Indiana, or in the United States District Court for the Southern District of Indiana, Terre Haute Division.
7. If any provision (or portion of any provision) of this Agreement is held to be invalid or unenforceable, that provision shall be enforceable in part to the fullest extent permitted by law, and such invalidity or unenforceability shall not otherwise affect any other provision of this instrument.
8. I understand that public relations are an important part of a volunteer's activities on behalf of the Sisters of Providence, I hereby authorize the Sisters of Providence to use any photographs of me in their possession they see fit for public relations or other purposes.
9. I have read this entire Agreement, I fully understand it, and I agree to be bound by it.

By signing below, I hereby accept a position as a Volunteer for the Sisters of Providence, upon the above terms, conditions and understandings:

Signature

Date

(over)

July 2024

Convictions

Other than a minor traffic offense, have you been convicted of a crime, for which the conviction has not been expunged, or released from prison in the past 7 years?

Yes No

Volunteer Hours

We keep a monthly record of all the hours our Providence Associates donate to the various ministries in which Sisters of Providence are involved, so at the end of the month, please email your hours to volunteer@spsmw.org.

Providence Associate volunteer hours are included in the Sisters of Providence Annual Report, and from time-to-time volunteer hours are requested for grant-writing and various other projects and documents.

Complete this application and send to:

Sarah Knoblock, Volunteer Coordinator
One Sisters of Providence
Saint Mary-of-the-Woods
Indiana 47876-1093

Volunteer@spsmw.org

812-535-2878

1-800-860-1840 extension 2878