

Court Ordered Volunteer Form:

Date of Application:	PLEAS	E PRINT:						
(Last) (First) (Middle) (Home) (Cell) Address:	Date of Application:				How did you hear about us?			
(Last) (First) (Middle) (Home) (Cell) Address:	Name:			Ph	one Number(s):			
(#) (Street) (Apt. #) (City) (State) (Zip) Email:				(Middle)		(Home)	(Cell)	
Email:	Address							
Emergency Contacts: (1)		(#)	(Street)	(Apt. #)	(City)	(State)	(Zip)	
(1)	Email: _							
(Name) (Phone Number) (Relationship to you) (2)	Emerge	ncy Contacts:						
(2)	(1)							
(Name) (Phone Number) (Relationship to you) Court Ordered Hours:		(Name)		(Phone Num)	ber)	(Relationshij	Relationship to you)	
Court Ordered Hours: Numbers of hours needed: Will you need written confirmation of hours served from CCNH? Please Circle: Yes – No Description of offense:	(2)							
Numbers of hours needed: Completion deadline: Will you need written confirmation of hours served from CCNH? Please Circle: Yes – No Description of offense:		(#) (Street) Email: Emergency Contacts: 1) (Name) 2) (Name) 2) (Name) Court Ordered Hours: Numbers of hours needed: Vill you need written confirmation of hou Description of offense: Date of Conviction:		(Phone Num)	(Phone Number)		(Relationship to you)	
Will you need written confirmation of hours served from CCNH? Please Circle: Yes – No Description of offense:	Cour	t Ordered	Hours:					
Description of offense:	Number	rs of hours need	led:		_ Completion of	deadline:		
	Will yo	u need written o	confirmation of h	nours served from CCNH?	Please Circle: Yes	– No		
Date of Conviction:	Descrip	tion of offense:						
	Date of	Conviction:						
<u>Case Worker/Probation Officer</u> (If Applicable)	Case V	Worker/Pro	bation Office	er_ (If Applicable)				
Name: Phone:	Name: _				Phone:			
Address: Email:	Address	::			Email:			

Agreement & Signature

In signing this Liability Waiver, I agree that I am willingly volunteering with Catholic Charities New Hampshire and its programs. I agree to work in a safe and responsible manner. I agree to only perform work that I am comfortable doing and that I feel I can accomplish safely. If I am not comfortable with a task I will immediately notify a staff member. I agree that I am wearing proper clothing and shoes that I believe will provide protection according to work conditions. _____ (Initials)

Release: I hereby release Catholic Charities New Hampshire, any and all sponsoring organization or partners and property owners from any and all claims that may arise from or result in any expenses, personal injury. _____ (Initials)

Adult/Child Photographic Release: Do you consent to photo or video that may be taken of you while you are volunteering to be used by Catholic Charities New Hampshire. Yes – No

Volunteer Signature:

Parental/Guardian Signature: (If under 18)