



234A U.S. Army Juan C. Fejeran Street Barrigada, Guam 96913  
Tel: 671-635-1409 Fax: 671-635-1444  
Website: [css.guam.net](http://css.guam.net)  
E-mail Address: [css@guam.net](mailto:css@guam.net)

## VOLUNTEER PROGRAM REGISTRATION FORM

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NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ CONTACT NUMBERS: (H) \_\_\_\_\_ (CELL) \_\_\_\_\_

IN CASE OF EMERGENCY, PLEASE NOTIFY \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

IS THIS FOR COMMUNITY SERVICES?  YES  NO

LANGUAGE SPOKEN/UNDERSTOOD:  English  Chamorro  Filipino  Chuukese  Japanese

Other: \_\_\_\_\_

**VOLUNTEER WORK AREA OF INTEREST: (Please Check One)**

Thrift Shop  Food Bank  Homeless Shelter  Respite Care Service

Community Habilitation Program  Maintenance  Tent Sale  Karidat Program  Other

**Please specify what day you are available and what time:**

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_ Sunday: \_\_\_\_\_ Other: \_\_\_\_\_

HOW DID YOU KNOW ABOUT US? \_\_\_\_\_

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\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

*"Respecting the Dignity of the Human Person Through Service"*



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## Contract of Confidentiality

**It is the obligation and policy of Catholic Social Services to maintain the confidentiality of all client information and to protect the client's rights to privacy.**

**Information shall not be revealed to anyone without the proper written and signed authorization from the client or guardian or as otherwise allowed by law.**

**As a volunteer of Catholic Social Services, I understand that I am never to discuss or reveal, for personal purposes, any information concerning a client of Catholic Social Services.**

**I understand that my violation of a client's rights to privacy through a breach of confidentiality on my part, may result in cause of immediate termination as a volunteer of Catholic Social Services.**

\_\_\_\_\_  
**Volunteer's Signature**

\_\_\_\_\_  
**Date**

**Witness:**

\_\_\_\_\_  
**Personnel Officer**

\_\_\_\_\_  
**Date**



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This form is to keep a record of the Volunteer's hours and the duties performed.

Name: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_

Program Assigned: \_\_\_\_\_ Phone Number: \_\_\_\_\_

DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	Type of work performed	Total Hours	Supervisor's Signature



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**FOR ORGANIZATION VOLUNTEERING THEIR SERVICES**

Organization/Company Name: \_\_\_\_\_

Person In-Charged: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Type of Service: \_\_\_\_\_

Date: \_\_\_\_\_

**RELEASE OF LIABILITY**

**I/ We, hereby assume the risk for any injuries that I may sustain and o hereby remise, release and forever discharge Catholic Social Services from any actions, suits, damages, claims, or judgments that may result from any personal injuries or property damage that may be sustain while on the premises of CATHOLIC SOCIAL SERVICE while engage in the activities.**

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Witnessed By:** \_\_\_\_\_

**Date:** \_\_\_\_\_