



Teen Advisory Board Application for 2019-2020

This application should be returned completed no later than Friday, August 23, 2019. Please include a separate letter of recommendation from an adult who is not a relative. Options could include:

Priest
Teacher
Coach
Employer
School Staff

Questions? Contact Mandy Lamey, Volunteer Coordinator, by email at mandy.lamey@acc.cdom.org or by phone at (901)722-4758. Please return complete forms via email to mandy.lamey@acc.cdom.org or by mail to 1325 Jefferson Ave., Memphis, TN 38104 ATTN: Mandy Lamey.



Teen Advisory Board Application

Catholic Charities of West Tennessee is forming a Teen Advisory Board (TAB). Members will experience first-hand the different shapes that philanthropy can take by participating in structured activities where they can share their time and talent with our community. This is a great opportunity to develop leadership skills, gain service hours, and learn more about the mission of Catholic Charities of West Tennessee. Applicants must be at least a rising sophomore, junior or senior in high school.

<u>First Name</u>	<u>Last Name</u>	<u>Birthdate</u>	
<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
<u>Phone</u>	<u>Email</u>		
<u>2019-2020 School</u>	<u>2019-2020 Grade</u>		

TAB meetings take place every third Thursday of the month at 4 pm starting September 19, 2019 thru April 2020. Please make sure you are able to attend a minimum of 5 meetings.

Why do you want to be a part of the Teen Advisory Board?

Have you ever volunteered at Catholic Charities before? If yes, give details.

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Volunteer Addendum

1) Name _____ Male _____ Female _____ Birthdate ____/____/____

Mailing Address _____

City _____ Zip _____ County _____ Race (optional) _____

Daytime Phone () _____ Evening Phone () _____ E-mail _____

2) Emergency Contact _____ Phone # () _____

The information on this application is confidential and will only be released with the applicant's prior permission.

VOLUNTEER AGREEMENTS

In connection with my volunteering through Catholic Charities of West Tennessee I understand certain conduct is expected and that I assume certain risks. By my signature below, I hereby agree to the following:

CRIMINAL RECORD STATEMENT

I am aware that my volunteer assignment through CCWTN may bring me in contact with vulnerable populations (schoolaged or pre-school children and elderly and/or disabled people). I hereby affirm that I have never been convicted of any (major traffic violations do not count) criminal offense. If my volunteering puts me in direct unsupervised contact with clients, I hereby give permission to CCWTN to submit my name for a criminal check.

VOLUNTEER CONFIDENTIALITY AGREEMENT

I agree not to disclose information of a personal and confidential nature except to those individuals who need to know. I also understand that similar information learned about other CCWTN volunteers and/or staff is also to be treated as confidential. I agree to talk to an appropriate staff member in any situation in which I have questions about confidentiality and/or my possible violation of such confidentiality.

PUBLIC RELATIONS ACTIVITY/MEDIA RELEASE

I, _____, give my permission to the Catholic Diocese of Memphis to use my picture, recording, personal appearance or quote, and/or that of my child _____, for the purpose of advertising, promoting and making known to the general public the services offered. I understand that my picture, recording, personal appearance or quote may be viewed and/or heard by a wide variety of people, and in a variety of locations and settings. I understand that unless I give my consent in advance, my/our names will not be identified or used. This picture, recording, personal appearance or quote will become the property of the Catholic Diocese of Memphis and will not be released to any other person or Agency without my expressed written permission. I understand that I am not entitled to, now or in the future, any payment of royalty for this picture, recording, personal appearance or quote. I am providing this consent voluntarily, and without any threat or coercion or promise of service.

I have read this document and understand it is a release of all claims. I understand and assume all risk inherent to this activity and voluntarily sign accepting these provisions.

Signature _____ Date _____

Staff _____ Date _____

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