



Teen Advisory Board Application

The Catholic Charities' Teen Advisory Board meets on a monthly basis September-April with standing meetings planned for after school from 4-5pm. There are many service opportunities available throughout the school year with occasional weekend service opportunities and one summer event, as well. We have projects that our students lead on their own, direct service events, and meetings to learn about how we function here at Catholic Charities with details on our programs.

We help students gain a deeper understanding of non-profits, a hands on approach to learning about Catholic social teachings, a chance to get their service hours complete and an opportunity to fellowship with peers while in service to others.

Please Note: All meetings and service opportunities will adhere to Covid-19 safety standards and precautions.

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 recruiting members to our 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.

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|------------|-----------|-----------|-----|
| First Name | Last Name | Birthdate | |
| Address | City | State | Zip |
| Phone | Email | | |
| School | Grade | | |

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:

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, _____, parent of _____ give my permission to the Catholic Diocese of Memphis to use my son's/daughter's picture, recording, personal appearance or quote 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.

Parent Signature _____ Date _____

Applicant's Signature _____ Date _____

Staff _____ Date _____

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