

**St. Katharine Drexel Parish  
Mother Drexel Study Hall**

**Volunteer Agreement Form**

Volunteer name (please print): \_\_\_\_\_

Best contact info (phone no. or email): \_\_\_\_\_

By signing this form, I acknowledge that I have chosen to volunteer at St. Katharine Drexel Parish in the following capacity (e.g., Adult Supervisor):  
\_\_\_\_\_

Age Requirement: ☐ I certify that I am 18 years of age or older.

Fingerprinting:

☐ I agree to be fingerprinted as a St. Katharine Drexel Parish volunteer

☐ I have already been fingerprinted for the parish

In connection with my volunteer service, I make the following express representations:

1. **I understand and acknowledge that my time and services as a volunteer** are being donated by me to the Roman Catholic Church, specifically St. Katharine Drexel Parish, without contemplation of compensation or future employment, and that I provide these services for religious, charitable, or humanitarian reasons.
2. **I understand that as a volunteer** I will earn no wages or benefits in connection with the volunteer services I wish to provide, and that I will not seek any such wages or benefits. I further understand that I will not be entitled to unemployment insurance benefits upon the discontinuance of my volunteer services (regardless of whether such discontinuance is initiated by me or by St. Katharine Drexel Parish, nor will I be covered under the parish's workers' compensation insurance in the event I am injured while engaging in the volunteer services I will provide.
3. **I understand that in the course of my volunteer services**, I may be provided with access to, or come to be in possession of, confidential, non-public information concerning employees, parishioners, students, volunteers, or other individuals, as well as confidential information concerning sacramental or ministerial Church activities. I agree that I will honor the confidential nature of any such information, and will not disclose directly or indirectly to any person or entity outside the parish, without express written authorization.

I acknowledge that I have read this agreement, have voluntarily signed it, and that no oral representations, statements, or inducements apart from the contents of this agreement have been made to me.

\_\_\_\_\_  
Date Volunteer

\_\_\_\_\_  
Date Authorized Parish Representative