

**CATHOLIC CHARITIES  
AGENCY POLICIES AND PROCEDURES**

Policy Name:	<b>Volunteers</b>
Domain:	<b>Human Resources 2.3</b>
Policy Location:	<b><a href="http://www.archindy.org/intranet/shared/cci/index.html">www.archindy.org/intranet/shared/cci/index.html</a></b>
Effective Date:	<b>2000</b>
Dates of Revision:	<b>10/03; 12/06; 01/07, 10/10, 10/14, 2/18, 3/20, 9/23, 6/24</b>
References:	<b>Volunteer Evaluation Form – Adult; Acknowledgment of New Personnel Orientation form, Volunteer Application, Youth Volunteer/Community Service Parental Consent form</b>

**POLICY:** Catholic Charities volunteers are youth and adult who provide assistance on a regular basis (regular basis is defined as volunteering in intervals and patterns within a period of time less than 12 months) without pay to various agency programs under the supervision of an appointed agency staff person.

**PROCEDURES:**

1. Appropriate assignment of prospective volunteers is made through an interview process by designated CC personnel.
2. Volunteers are considered for their skills, interests, abilities, relevant experience and availability after completing a volunteer application.
3. Placements must be approved by the program director/supervisor of the area the volunteer is to be assigned.
4. All individuals who will be volunteering on a regular basis must complete “Safe Parish” which includes reviews of state/national criminal history records and civic child abuse and neglect registries.
5. The program director/supervisor will provide ongoing volunteers specifications of their roles and responsibilities, time commitment, prohibited activities and required skill sets.
6. New ongoing volunteers are oriented to:
  - a. CC mission and values
  - b. Cultural /socioeconomically characteristic of the service population
  - c. CC history
  - d. CCI policy and procedures
  - e. duties
  - f. time commitment
  - g. responsibilities and prohibited activities
  - h. required skill sets, credentials, or trainings
  - i. lines of supervision and the process for providing ongoing feedback.
7. Ongoing volunteers are given a performance evaluation review at regular intervals by the overseeing supervisor.
8. Ongoing volunteers receive agency mandatory pre-service and in-service training to fulfill accreditation, legal and program requirements.

9. Volunteer records are kept by the Program Directors and updated regularly. Records contain:
  - a. Background check
  - b. Role description
  - c. Emergency contact information
  - d. Safe Parish Certificate
  - e. Training records
  - f. Evaluation forms
  - g. The process for providing ongoing feedback
10. All CCF youth volunteers are required to have a parent/guardian written consent obtained either from CC or the referring agency/organization, before beginning volunteering.
11. Placements must be approved by the Program Director/Supervisor of the area the volunteer is to be assigned.
12. The Program Director will provide volunteers having direct client contact, specifications of their roles and responsibilities.
13. Program Directors will see that a separate volunteer file is maintained for each youth volunteer containing:
  - a. Parental Consent Form
  - b. Role description
  - c. Emergency contact information

*David J. Bethuram*

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David J. Bethuram  
Executive Director

11/25/2024

Date

Catholic Charities  
**Volunteer Evaluation Form - ADULT**

**CC Volunteer Evaluation Form Part A: Completed by Staff Member**

Name: \_\_\_\_\_ Date Started: \_\_\_\_\_

Program: \_\_\_\_\_ Position: \_\_\_\_\_

Period of Evaluation: \_\_\_\_\_

Total # hours contributed: \_\_\_\_\_

Staff Member: \_\_\_\_\_

Please check the following items applicable:

- Understands purposes and goals of the program
- Understands and complies with confidentiality in client relationships
- Relates well with public
- Exhibits poise in handling difficult situations
- Exhibits sincere interest in the volunteer work
- Reliable about schedule and time commitment
- Completes assignments in a timely fashion
- Pays attention to detail when necessary
- Willing to take on assignments
- Welcomes opportunities to learn information or procedures that will make work more effective
- Follows through on assignments
- Willing to ask questions when in doubt

**Additional Comments:**

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Staff Member: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_



Catholic Charities  
**Volunteer Evaluation Form - ADULT**

**CC Volunteer Evaluation Form Part B: Completed by Volunteer**

Name: \_\_\_\_\_ Date Started: \_\_\_\_\_

Program: \_\_\_\_\_ Position: \_\_\_\_\_

Period of Evaluation: \_\_\_\_\_

Staff Member: \_\_\_\_\_

Please check the following items with which you agree:

**Orientation and Training**

- The goals and purposes of the program were clearly explained
- The job description for your position was reviewed and procedures to be followed were explained
- Training was effective and provided the tools needed to perform the assigned tasks

**Supervision**

- A Staff Member was available to you when you had questions or needed information
- A Staff Member's attitude was one of professional regard
- Staff members roles and responsibilities are clear

1. Do you have any suggestions to improve the volunteer experience?

\_\_\_\_\_  
\_\_\_\_\_

2. Do you have any other comments or suggestions?

\_\_\_\_\_  
\_\_\_\_\_

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Staff Member: \_\_\_\_\_ Date: \_\_\_\_\_



Catholic Charities (CC)

## Youth Volunteer/Community Service Parental Consent Form

In order for your child to become a volunteer/community service individual with us, we need your consent and involvement in helping them have a productive experience. Please read and sign this parental consent form if you would like Catholic Charities to continue the process of considering your child as a volunteer/community service individual.

NOTE: This Parental Consent Form must be filled out for all volunteers/community service individuals under the age of 18.

Name of youth: \_\_\_\_\_

Program Site of Service: \_\_\_\_\_

I understand that my child (named above) wishes to be considered for volunteer/community service work and I hereby give my permission for him/her to serve in that capacity. I understand that he/she will be provided with specification of their roles and responsibilities and that he/she will be expected to meet all the requirements of the position. I understand that he/she will not receive monetary compensation for the services contributed.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Emergency contact number: \_\_\_\_\_

Nature of relationship to volunteer/community service individual: \_\_\_\_\_

Agency Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_