



MOUNT ANGEL

A B B E Y

1 ABBEY DRIVE, SAINT BENEDICT, OREGON 97373
503.845.3057 | MOUNTANGELABBAY.ORG

VOLUNTEER APPLICATION

Thank you for your interest in volunteering. Please fill out the application completely. Incomplete applications will not be processed.

Also, please do not write in N/A, not applicable, or see resume for answers. If you have questions about completing this form, please let us know.

PERSONAL INFORMATION

Name _____
First *Middle* *Last*

Physical Address _____
Street

_____ *City* *State* *Zip*

Mailing Address _____
Street

Home phone _____ Alternate phone _____

Email address _____

WORK EXPERIENCE & VOLUNTEER EXPERIENCE

Please list your most recent or current job or volunteer experience.

Employer _____

City, State _____

Phone _____

How long have you been employed with this employer?

GENERAL INFORMATION

Are you 18 years of age or older?

Yes No

Have you ever been convicted, plead guilty or no contest, or forfeited bond or bail, been arrested for any crime other than traffic violations (including if occurred in the military)? If yes, please explain.

Yes No

(Conviction of a crime is not an automatic bar to employment. Factors such as the nature and gravity of the crime, the length of time that has passed since the conviction and/or completion of any sentence, and the nature of the job for which you have applied will be considered.)

Are you able to perform the primary duties of the area of volunteering you are being considered for with or without reasonable accommodation? If no, please explain.

Yes No

Have you ever been employed or volunteered at Mount Angel Abbey before? If yes, please list dates of employment.

Yes No

From _____ To _____

REFERENCES

Please list two persons who are not related to you to whom you have known at least 2 years. References will be checked. **Please provide an email address for your references.**

Name _____ Business/Occupation _____

Address _____

Relationship to you _____ Years Known _____

Phone _____ Email _____

Name _____ Business/Occupation _____

Address _____

Relationship to you _____ Years Known _____

Phone _____ Email _____

EMERGENCY CONTACT

Name _____ Relationship _____

Address _____

Phone _____ Alternate Phone _____

Did someone refer you to the Abbey? If so, who? _____

Please tell us why you would like to volunteer at Mount Angel Abbey and how you heard about us?

APPLICANT'S AUTHORIZATION & RELEASE OF CLAIMS

Please read carefully before signing.

I certify that I have answered the above questions truthfully and have not withheld any information relative to my application. I understand that any falsification, misrepresentation, or omission, as well as any misleading statements or omissions of the application information, attachments, and supporting documents generally will result in denial of a volunteer position or immediate termination, if discovered after acceptance.

I authorize Mount Angel Abbey to investigate whether I have a criminal record of convictions, and, if so, the nature of such convictions and all the surrounding circumstances of the conviction. Mount Angel Abbey has advised me that any criminal background check will focus on convictions, and that a criminal record will not necessarily disqualify me from volunteer work.

I hereby release and hold harmless references and any other person who may communicate or provide information from any and all claims, known or unknown to me, whether related to intentional, reckless or negligent conduct, arising from or related to information requested or acquired by Mount Angel Abbey in the course of communicating with my references. I voluntarily grant this release to support my application for volunteer work at Mount Angel Abbey and to encourage Mount Angel Abbey to consider my application. I agree to inform Mount Angel Abbey of any special concerns I may have related to information that Mount Angel Abbey may discover. I have carefully read and understand this Release of Claims and have voluntarily agreed to its terms to assist Mount Angel Abbey in meeting the business necessity of hiring for volunteer positions those who are honest, trustworthy, reliable and non-violent who will not pose a risk of harm to employees or others. I agree to fully cooperate with Mount Angel Abbey in gathering information. I understand and agree that documents acquired by Mount Angel Abbey will be maintained as confidential by Mount Angel Abbey and such information will not be released to me.

I acknowledge reading and understanding the foregoing statements.

Print Name

Signature

Date



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BACKGROUND CHECK REQUEST

Praesidium, Inc. conducts background checks for Mount Angel Abbey. All background checks are completed online. Praesidium's website is a secure website and Praesidium takes all necessary precautions to ensure the safety and confidentiality of personal information provided for background checks. After submitting this form to Human Resources, an email will be sent from backgroundcheck@praesidiuminc.com which will provide access to an online form. Please note that the link provided in Praesidium's email is only valid for seven days from the date it is sent.

Background check for:

Monk

Volunteer

First Name _____

Last Name _____

Email Address _____

Signature _____ Date _____

Please print clearly and return completed form to Human Resources.

HR USE ONLY

ORDERED _____ COMPLETED _____



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VOLUNTEER CONFIDENTIALITY AGREEMENT

This acknowledges that I understand my ability to volunteer at Mount Angel Abbey is contingent upon the following confidentiality agreement.

I agree to handle all Abbey information with sensitivity.

I agree not to discuss confidential information with anyone.

I understand any viewing, filing, or other handling of sensitive information is to be held in confidence.

I further agree to keep any and all information that I may hear in conversation in the strictest of confidence.

Name _____ Date _____

Signature _____



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VOLUNTEER LIABILITY WAIVER AND AGREEMENT

This document explains possible risks of volunteering and includes liability waivers, consents, and other legal agreements.

By signing below, I, _____, acknowledge that entry into this agreement (“Agreement”) is in consideration of my participation as a volunteer, and confirm my understanding and agreement to the following:

POLICIES AND SAFETY RULES

I will comply with all Mt. Angel Abbey doing business as Mount Angel Abbey volunteer policies, safety rules, conduct expectations, and other directions. I understand that Mount Angel Abbey does not tolerate bullying, harassment, threatening behavior, or violence of any kind. I understand that noncompliance may result in immediate termination of my volunteer status.

VOLUNTEER NOT AN EMPLOYEE

I understand that (a) I am not a Mount Angel Abbey employee, (b) I will not be paid for my participation, and (c) I am not covered by or eligible for any Mount Angel Abbey insurance, health care, worker’s compensation, or other benefits. I understand that Mount Angel Abbey may terminate my volunteer status at any time, for any or no reason.

RISKS ASSOCIATED WITH VOLUNTEERING

Volunteering for Mount Angel Abbey has risks. These risks may arise in a variety of ways. They include, without limitation: my lifting heavy objects or otherwise exerting myself, handling glass and other materials, using hot or sharp objects or other tools, being exposed to dust, loud noises, and interacting with and being in the presence of other volunteers, visitors and other people. I understand that these risks include risks of injury, illness, death, and property damage or loss, and that they may arise from my own actions or from the actions of others at or near Mount Angel Abbey or encountered when traveling for Mount Angel Abbey activities offsite. I also understand that even if I, and other persons present at Mount Angel Abbey follow all health and safety protocols, I may still be exposed to COVID-19 or other infectious diseases.

AWARENESS AND ASSUMPTION OF RISK

I understand the information above, and confirm and acknowledge that these are risks associated with volunteering. With such information and awareness, and with the recognition that other factors may create additional such risks, I knowingly, freely, and voluntarily: (a) sign up to volunteer for Mount Angel Abbey; (b) engage in volunteer activities; and (c) assume and accept the risks of all injury, death, property damage

or loss, financial obligation, loss of privacy, loss of reputation, and all other injuries and other consequences, whether known or unknown, whether foreseen or unforeseeable, and whether incurred at Mount Angel Abbey or elsewhere, that may result, directly or indirectly, from my presence at Mount Angel Abbey facilities or participation as a Mount Angel Abbey volunteer, regardless of the cause.

WAIVER AND RELEASE OF CLAIMS

I waive and release Mount Angel Abbey and its clergy, directors, officers, agents, employees, volunteers, and affiliates (collectively, "Mount Angel Abbey Parties") from any and all liability, claims, costs, and expenses of any kind and of whatever nature which I or my heirs, next of kin, or legal representatives may have or which may later accrue, caused by or arising directly or indirectly from my presence at Mount Angel Abbey or participation in Mount Angel Abbey activities. This release and waiver includes, in each such case, all claims in respect of the risks noted above, known and unknown, foreseen and unforeseeable, regardless of the cause or whether such claims arise from tort, contract, or otherwise, and even if caused by negligence, whether passive or active. I will not sue any of the Mount Angel Abbey Parties on the basis of these waived and released claims.

DISCLOSURE OF MEDICAL CONDITIONS

I understand that I am solely responsible for knowing my own physical condition and making my own decision about volunteering. I have disclosed all medications and conditions relevant to my participation to Mount Angel Abbey staff, including chronic conditions such as asthma, allergies, seizures, or diabetes. I understand that Mount Angel Abbey needs such information because some medication side effects or medical conditions could affect my safety or that of others. I consent to Mount Angel Abbey sharing this information with health professionals or first responders should I become ill or injured while at Mount Angel Abbey facilities.

MEDICAL CARE CONSENT AND WAIVER

I authorize Mount Angel Abbey to provide me with first aid and to arrange medical assistance, transportation, and emergency medical services for me if I get hurt while volunteering. I understand that Mount Angel Abbey is not obligated to provide this care. I also understand that I am solely responsible for any costs related to my medical treatment and transport, and that Mount Angel Abbey does not provide health, medical, disability, or other insurance coverage for me.

My checking this box means that I do not wish to agree to this consent:

INDEMNITY OBLIGATIONS

I agree to defend, protect, indemnify and hold harmless Mount Angel Abbey from all claims arising from my negligence or my fault which arise out of my volunteer activities for Mount Angel Abbey.

I agree to protect, defend, hold harmless and fully indemnify Mount Angel Abbey for any claim or cause of action whatsoever arising out of or related to my volunteer activities that is brought against Mount Angel Abbey even if such claim(s) arises from the alleged negligence of Mount Angel Abbey, its employees or agents, or the negligence of any other individual or organization.

GENERAL PROVISIONS

I understand that this Agreement will be binding for so long as I am a volunteer at Mount Angel Abbey. This Agreement will run in favor of, and may be enforced by, each of the Mount Angel Abbey Parties, and will bind my heirs, next of kin, and legal representatives. This Agreement will be binding to the fullest extent permitted by law. If any provision of this Agreement is found to be unenforceable, the other terms remain effective. This Agreement will be governed by Oregon law.

I affirm that I am of legal age and able to sign on my own behalf and am freely signing this Agreement. I have read this Agreement and fully understand that by signing this Agreement, I am giving up legal rights and remedies that may be available to me and to other persons.

Signature _____

Print Name _____

Emergency Contact Name _____