



ARCHDIOCESE OF WASHINGTON

Volunteer Application Form

This form is to be completed, signed and returned to the Child Protection Compliance Coordinator at the parish, school or agency at which you are to provide volunteer services. A copy of this completed form will be retained in a file on site. The original will be sent to the Archdiocesan Office of Human Resources.

Last Name	First	Middle	Last 4 Digits of SSN	Date
Present Street Address	City	State	Zip	Daytime Phone
				Evening Phone
Permanent Address (If different from present address)				Cell Phone No.
				E-mail Address
Have you ever volunteered for an Archdiocesan location? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are you 18 years of age or older?
If yes, give details: _____				<input type="checkbox"/> Yes <input type="checkbox"/> No

I am interested in VOLUNTEERING at school: _____; parish: _____; agency: _____

Interested in volunteering for school activities religious education youth ministry coaching other _____

I am available mornings afternoons evenings weekdays weekends Date available: _____

VOLUNTEER ACTIVITIES

Please list all present and former volunteer activities beginning with your present or most recent position first. Use additional pages if needed. Include all other names worked under if different than the name you used on this form.

Parish/Company/Organization Name	Phone	From	To
Address	City, State Zip		
Duties/Responsibilities			
Parish/Company/Organization Name	Phone	From	To
Address	City, State Zip		
Duties/Responsibilities			
Parish/Company/Organization Name	Phone	From	To
Address	City, State Zip		
Duties/Responsibilities			

REFERENCES

Please provide 2 personal/professional references. If you have resided in this area for less than 2 years please provide at least one reference from your previous area of residence.

Name	City, State		
Phone	Relationship	Years Known	
Name	City, State		
Phone	Relationship	Years Known	

IMPORTANT – PLEASE READ THIS

You must complete questions I, II, III & IV *only if* the volunteer position(s) for which you are applying for will involve significant contact with children or other vulnerable individuals, i.e. elderly, mentally or emotionally handicapped, etc. Such positions include but are not limited to catechist, coaching, school volunteer, scout leader, youth minister, counseling, and maintenance.

I. Has a civil or a criminal complaint ever been filed against you that alleged *sexual misconduct or child abuse* by you or your participation in or facilitation of such activities (including internal complaints given to management or supervisors at places of employment)? Yes No *If yes, please explain below and attach a separate sheet if additional space is necessary. Please provide the date, nature, and place of the incident leading to the complaint; where the complaint was filed; disposition of the complaint; and identify by name and title the person(s) who investigated the complaint.*

II. Do you presently serve, or have you ever served, as a volunteer for any organization, entity or group in which you had significant contact with children or other vulnerable populations (e.g. elderly, mentally or emotionally handicapped, etc.)? Yes No *If yes, please provide the name, address, and phone number of the organization, period of volunteer service, supervisor's name; and briefly describe your activities and/or duties. Attach a separate sheet if additional space is necessary.*

III. Have you ever chosen not to renew or continue any employment or volunteer service, had your employment or volunteer service terminated, or been subject to any disciplinary action, for reasons relating to allegations of sexual misconduct or child abuse by you? Yes No *If yes, please explain below and attach a separate sheet if additional space is necessary. Please include in your explanation the date, nature, and place of the occurrence(s) or allegations(s) and the disposition of the matter(s). Also, identify your employer and supervisor at the time by name, address and telephone number.*

IV. Have you ever been convicted of a crime (felony or misdemeanor) other than a minor traffic violation? Yes No *If yes, please explain below and attach a separate sheet if additional space is necessary. Please include in your explanation the date and place of any conviction, and the crime for which you were convicted.*

IMPORTANT --- Please read and sign below

The information provided on this form is true, correct and complete. If accepted as a volunteer, any misstatement or omission of fact on this form may result in termination of my services. I grant permission to check my background and references and release the *Archdiocese of Washington* and Archdiocesan locations from any and all resultant liability.

I further understand that all persons who will have significant contact with children are required to undergo a state and federal criminal background check before working with children. Other volunteer positions that may require undergoing this clearance process may include, but are not limited to, payroll, bookkeeping, accounting, and maintenance.

Print Name: _____ Signature: _____ Date: _____

This section is to be completed by Pastor, Principal or Agency Director only.

The necessity of passing a state and federal criminal background check for positions involving significant contact with children or other vulnerable persons while providing volunteer services has been explained to this applicant. Acceptance of volunteer services is contingent upon the applicant successfully completing the state & federal criminal background check. References will be checked before accepting an applicant's volunteer services. *Signed applications are to be returned to the Child Protection Compliance Coordinator at your parish, school or agency for forwarding to the Archdiocesan Director of Human Resources.*

_____	_____	St. Andrew Apostle School	217	301 649 3555
Authorized Signature	Date	Name of Parish, School, Agency	Location Number	Telephone number

CRIMINAL BACKGROUND INVESTIGATION AUTHORIZATION

The individual named below is **EMPLOYED** **VOLUNTEERING** in a position that requires that he/she undergo a complete FBI/State Criminal background investigation because he/she must comply with the Archdiocesan Child Protection Policy and/or the position is security sensitive.

Name of Individual: _____
First M.I. Last

S.S. No.: _____ **Position Title:** _____

The individual named above understands that he/she will be asked to provide a picture I.D. and current address as proof of identity when presenting this authorization form.

Check One:

- A completed **Application for Employment or Volunteer Services** accompanies this individual.
- An **Application for Employment or Volunteer Services** has been sent to the Archdiocese of Washington, Dir. Of Human Resources.

Parish, School, Social Service Agency Name **Signature of Pastor, Principal, Agency Director**

CJIS CHARGES A FEE TO PROCESS FINGERPRINTS: VOLUNTEER - \$33.25, EMPLOYEE - \$37.25