



# 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 Child Protection.

|  |              |               |  |             |
|--|--------------|---------------|--|-------------|
| <b>Last Name</b>   | <b>First</b> | <b>Middle</b> | <b>Last 4 Digits of SSN</b>                              | <b>Date</b> |
|  |              |               | <b>Daytime Phone</b>                                     |             |
|  |              |               | <b>Evening Phone</b>                                     |             |
|  |              |               | <b>Cell Phone No.</b>                                    |             |
|  |              |               | <b>E-mail Address</b>                                    |             |
| 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.

|   |                        |             |           |
|---|------------------------|-------------|-----------|
| <b>Parish/Company/Organization Name</b> | <b>Phone</b>           | <b>From</b> | <b>To</b> |
| <b>Address</b>                          | <b>City, State Zip</b> |             |           |
| <b>Duties/Responsibilities</b>          |                        |             |           |
| <b>Parish/Company/Organization Name</b> | <b>Phone</b>           | <b>From</b> | <b>To</b> |
| <b>Address</b>                          | <b>City, State Zip</b> |             |           |
| <b>Duties/Responsibilities</b>          |                        |             |           |
| <b>Parish/Company/Organization Name</b> | <b>Phone</b>           | <b>From</b> | <b>To</b> |
| <b>Address</b>                          | <b>City, State Zip</b> |             |           |
| <b>Duties/Responsibilities</b>          |                        |             |           |
|   | <b>Re</b>              |             |           |

**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.*

***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's Child Protection Office.*

Authorized Signature                      Date                      Name of Parish, School, Agency                      Location Number                      Telephone number