

## **MINOR VOLUNTEER APPLICATION**

ARCHDIOCESE OF ATLANTA

(Unpaid Workers)

Parish/School/Agency Name:

St. Benedict Catholic Church VBS

## **Volunteer Profile**

The climate in the United States at this point in history is such that a concern about potential liability is raised in every sector of American life, including the Church. This is coupled with a heightening awareness of a responsibility to ensure that those who act in the name of the Church would never violate basic Christian decency.

In order to protect the Church, those whom it serves and those who serve it, we ask you to complete the form below. A physical copy of each application for volunteer service will be kept on file for one (1) year following the termination of the volunteer's service, and an electronic copy of the application will be kept for fifty (50) years following the destruction of the physical document.

Name:				
(Last)	(First)	(Middle Initial)		
Address:				
(Street)	(City)	(State)	(Zip)	
Home phone: ()	Cell phone: (	)		
Name of School: E-mail address:				
Date of Birth:/	/ Social Security Num	ıber: <u>XXXX</u>	- <u>XX</u>	
REFERENCES.       Please provide the         "School Reference for Minor         Volunteers" form to your school         Principal, Dean, or School         Administrator to complete.         For Home School         Please list 3 non-family members who         are familiar with your character         Name         Telephone         Verified on:       By:         Name         Verified on:       By:         Name         Verified on:       By:         Name       By:         Name       By:         Name       By:	<ul> <li>b. Have you ever been the subject of an investigation involving an allegation of sexual abuse?YesNo If yes, please explain:</li> <li>c. Has a civil or criminal complaint ever been filed against you alleging physical abuse or sexual abuse?YesNo. If yes, give a short explanation of the complaint. (Please indicate the date, nature, and place of the incident leading to the complaint, where the complaint was filed, and the disposition of the complaint.)</li> <li>d. Have you ever terminated your employment or had your employment terminated for reasons relating to allegations of physical abuse by you?YesNo If yes, please give a short explanation of the allegations, the disposition of the allegations, and your employer at the time, including your employer's name, address and telephone number.</li> </ul>		FOR PARISH/SCHOOL USE ONLY         INTERVIEWED         By:	
PERSONAL INFORMATION a. Have you ever been charged with, arrested for, or convicted of a crime other than a minor traffic violation? YesNo If yes, explain fully the circumstances. (Such charge or conviction may be relevant if job related, but does not bar you from volunteering.)	<b>e.</b> Have you ever received any medical treatment psychological, for reasons involving physical at abuse by you?YesNo If yes, give a short description of the treatment nature and locations(s), identifying the treating name, address, and telephone number	abuse or sexual t, including date(s),	ACCEPTED: Signature of Super Date ACCEPTED: Signature of Pastor Date	_

Signature of Minor

Date

Signature of Parent

Date

**Revised December 2015**