

VOLUNTEER APPLICATION

ARCHDIOCESE OF ATLANTA (Unpaid Workers)

Name of Parish/Mission/School/Agency:

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:	(F' 0)		Middle Telecto
(Last)	(First)	1)	Middle Initial)
Address:(Street)	(City)	(State)	(Zip)
	, •		•
Home Phone: ()		()	
Cell Phone: ()	E-mail Address:		
Date of Birth://	Social Security N	Number: <u>XXX</u> – <u>XX</u>	
VOLUNTEER HISTORY	c. Has a civil or criminal complain	nt ever been filed against	
	you alleging physical abuse or sexu Yes No.	al abuse?	FOR PARISH/SCHOOL/AGENCY USE ONLY
Please list your last three volunteer activities, starting with the most recent.	If yes, give a short explanation of		Interviewed
1.	indicate the date, nature, and place the complaint, where the compl		
	disposition of the complaint.)	min mo inca, and the	Date:
2			Position Assigned:
3	d. Have you ever terminated your employment terminated for reasons		
PERSONAL INFORMATION	physical abuse by you? Yes If yes, please give a short explanat]No	a. Is the position to which the volunteer
a. Have you ever been charged with, arrested for, or convicted of a crime other than a minor traffic violation?			YesNo. If yes, has the screening been completYesNo.
□Yes □No	e. Have you ever received any medipsychological, for reasons involving	ical treatment, physical or	b. Is the position to which the volunteer been assigned one that requires references be contacted?YesNo
If yes, explain fully the circumstances. (Such charge or conviction may be relevant if job related, but does not bar you from volunteering.)	abuse by you? Yes No If yes, give a short description of th date(s), nature and locations(s), ider physician with name, address, and t	ne treatment, including ntifying the treating	If yes, have the references been contactYesNo.
b. Have you ever been the subject of an	IMPORTANT:		Signature of Supervisor/ Department Head
nvestigation involving an allegation of sexual abuse? Yes No	Volunteers who will work in an with Minors or Vulnerable Individual background check. Volunteers v	viduals MUST have a	 Date
If yes, please explain:	supervised capacity are not required to have a background check unless it can be foreseen that there is a reasonable possibility they MIGHT be find themselves in an unsupervised situation, for example, youth retreats.		ACCEPTED:
			Signature of Pastor/Principal
	×		Date
Pavisad Juna 2012	Signature of Applicant	- Date	