Archdiocese of Atlanta
(Unpaid Workers)

VOLUNTEER APPLICATION

Name of Parish/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: _____
(Last) (First) (Middle Initial)

Address: _____
(Street) (City) (State) (Zip)

Home phone: (_____) _____ **Business phone: (_____) _____**

Cell Phone: (_____) _____ **E-mail address: _____**

Date of Birth: _____/_____/_____ **Social Security Number:** XXX - XX - _____

VOLUNTEER HISTORY Please list your last three volunteer activities, starting with the most recent.

1. _____

2. _____

3. _____

PERSONAL INFORMATION

a. Have you ever been charged with, arrested for, or convicted of a crime other than a minor traffic violation?
___Yes ___No
If yes, explain fully the circumstances. (Such charge or conviction may be relevant if job related, but does not bar you from volunteering.)_____

_____

b. Have you ever been the subject of an investigation involving an allegation of sexual abuse? ___Yes ___No
If yes, please explain:
_____

_____

c. Has a civil or criminal complaint ever been filed against you alleging physical abuse or sexual abuse? ___Yes ___No. 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.)_____
_____

d. Have you ever terminated your employment or had your employment terminated for reasons relating to allegations of physical abuse by you? ___Yes ___No
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._____
_____

e. Have you ever received any medical treatment, physical or psychological, for reasons involving physical abuse or sexual abuse by you? ___Yes ___No
If yes, give a short description of the treatment, including date(s), nature and locations(s), identifying the treating physician with name, address, and telephone number._____
_____

IMPORTANT:
Volunteers who will work in an unsupervised capacity with Minors or Vulnerable Individuals MUST have a background check. Volunteers who work in a 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.

✕_____ _____
Signature of Applicant **Date**

FOR PARISH/SCHOOL/AGENCY USE ONLY

INTERVIEWED
By: _____

Date: _____

POSITION ASSIGNED:
_____

a. Is the position to which the volunteer has been assigned one that requires screening?
__Yes __No.
If yes, has the screening been completed? __Yes __No.
b. Is the position to which the volunteer has been assigned one that requires that references be contacted? __Yes__No
If yes, have the references been contacted? __Yes __No.

_____
Signature of Supervisor/
Department Head

_____
Date

Accepted:

_____
Signature of Pastor/Principal

_____
Date