



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: _____
(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