



# ARCHDIOCESE OF WASHINGTON

## Volunteer Application Form

This form is to be completed, signed and returned to the Child Protection 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 Employee & Volunteer Services.

Last Name	First	Middle	Last 4 Digits of SSN	Date
Present Street Address			City	State Zip
Permanent Address (If different from present address)			Daytime Phone	Evening Phone
			Cell Phone No.	E-mail Address
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.

Parish/Company/Organization Name	Phone	From	To
Address		City, State Zip	
Duties/Responsibilities			
Parish/Company/Organization Name	Phone	From	To
Address		City, State Zip	
Duties/Responsibilities			
Parish/Company/Organization Name	Phone	From	To
Address		City, State Zip	
Duties/Responsibilities			

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## IMPORTANT – PLEASE READ THIS

You must complete questions I, II, & III only if the position(s) for which you are applying will involve substantial contact with children or other vulnerable individuals, i.e. elderly, mentally or emotionally handicapped, etc.

- I. Has a complaint (civil, criminal, or otherwise) ever been filed against you that alleged any inappropriate conduct with minors, sexual misconduct, or child abuse by you (including internal complaints given to management or supervisors at places of employment)? \_\_\_\_ YES \_\_\_\_NO

If yes, please explain. Please include in your explanation the offense alleged and the disposition of the matter, including: the date and jurisdiction of any conviction; guilty plea; *nolo contendere* plea (no contest); finding of guilt following a trial; or, the receipt of probation before judgment.

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- II. Has a complaint (civil, criminal, or otherwise) ever been filed against you that alleged your participation in, facilitation of, or failure to report any inappropriate conduct with minors, sexual misconduct, or child abuse by another (including internal complaints given to management or supervisors at place of employment)? \_\_\_\_YES \_\_\_\_NO

If yes, please explain. Please include in your explanation the offense alleged and the disposition of the matter, including: the date and jurisdiction of any conviction; guilty plea; *nolo contendere* plea (no contest); finding of guilt following a trial; or, the receipt of probation before judgment.

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- III. Have you ever chosen not to continue any employment, had your employment terminated, or been subject to any disciplinary action, for reasons relating to allegations of inappropriate conduct with minors, sexual misconduct, or child abuse by you?

\_\_\_\_ YES \_\_\_\_NO

If yes, please explain. Please include in your explanation the offense alleged and the disposition of the matter, including: the date and jurisdiction of any conviction; guilty plea; *nolo contendere* plea (no contest); finding of guilt following a trial; or, the receipt of probation before judgment.

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**IMPORTANT – The following must be read and signed by all applicants.**

I hereby confirm that the information provided in this application is true, correct, and complete. If accepted as a volunteer, any misstatement or omission of fact on this application may result in my dismissal. I hereby authorize the Archdiocese of Washington to conduct, obtain, and review state and federal criminal background checks based on the personal identification information I have provided herein. I hereby grant the Archdiocese of Washington permission to check my background as set forth above. Except in the case of its negligent misuse of the information obtained, I hereby release the Archdiocese of Washington, its officers, directors, agents, employees, or representatives from any and all claims arising from or in connection with my background screening.

I understand and acknowledge the Roman Catholic religious nature of the Archdiocese of Washington. I understand and acknowledge that, in accordance with their role as Church volunteers and in witness to the Gospel of Jesus Christ, archdiocesan volunteers must conduct themselves with integrity and act in a manner consistent with the official teachings, doctrines, laws, and policies of the Roman Catholic Church.

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 substantial contact with minors 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. Signed applications are to be returned to the Child Protection Coordinator at your parish, school or agency for forwarding to the Archdiocese Office of Employee & Volunteer Services.

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