

MINOR VOLUNTEER APPLICATION

ARCHDIOCESE OF ATLANTA

(Unpaid Workers)

Parish/School/Agency Name:

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:	(0)		
(Street)	(City)	(State)	(Zip)
Home phone: ()	Cell phone: ()	
Name of School: E-mail address:			
Date of Birth:/	_/ Social Security Nu	mber: XXXX	- <u>XX</u>
REFERENCES. Please provide the "School Reference for Minor Volunteers" form to your school Principal, Dean, or School Administrator to complete.	b. Have you ever been the subject of an invalegation of sexual abuse?YesNo If yes, please explain:	estigation involving an	FOR PARISH/SCHOOL/AGENCY USE ONLY INTERVIEWED By:
For Home School Please list 3 non-family members who are familiar with your character Name Telephone Verified on: By:	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.) 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.		Date: POSITION ASSIGNED: a. Have the reference been
Name			contacted?YesNo By whom?
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.)	e. Have you ever received any medical treatment, physical or psychological, for reasons involving physical abuse or sexual abuse by you?YesNo 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		Signature of Supervisor Date ACCEPTED: Signature of Pastor Date
X	x		
Signature of Parent	Date Signature of Minor	Date	