

THE ROMAN CATHOLIC
ARCHDIOCESE OF ATLANTA



OFFICE OF CHILD & YOUTH PROTECTION

Adult Volunteer (Unpaid Worker) Application

Part A: To be filled out by the Applicant

Full Legal Name: _____
(Last) (First) (Middle)

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

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

Phone Number: (____) _____ Email Address: _____

YES NO Have you ever been charged with, arrested for, or convicted of a crime other than a minor traffic violation?
YES NO Have you ever been the subject of an investigation involving an allegation of sexual abuse?
YES NO Has a civil or criminal complaint ever been filed against you alleging physical abuse or sexual abuse?
YES NO Have you ever terminated your employment or had your employment terminated for reasons relating to allegations of physical abuse by you?
YES NO Have you ever received any medical treatment, physical or psychological, for reasons involving physical abuse or sexual abuse by you?

If you answered yes, to any of the above questions, please provide a detailed explanation on the back of this page.

*If you do not have a social security number, the Safe Environment Coordinator at the location must check the three non-relative reference you provide below:

(Name)	(How this individual knows you)	(Email address and/or phone number)
(Name)	(How this individual knows you)	(Email address and/or phone number)
(Name)	(How this individual knows you)	(Email address and/or phone number)

I hereby certify that all answers are true to the best of my knowledge and I agree to have any of the statements checked by the Archdiocese of Atlanta. I understand that as a volunteer who will have any contact with minors and/or vulnerable individuals I must attend the safe environment training – VIRTUS: Protecting God's Children and have a complete and cleared background check* on file prior to volunteering. I also understand that I must have signed an Acknowledgment of the Safe Environment Standards of Conduct to ensure my acceptance and full agreement with all Safe Environment policies and standards.

Signature of Applicant: _____ Date: ____/____/____

Part B: To be filled out by the Safe Environment Coordinator

If the applicant does not have a SSN, I have contacted the three references of the applicant listed above, asked the reference questions provided in the Safe Environment Coordinator User Manual, and I am keeping a record of the answers to these questions, the date, and the time of the conversation on file for each reference.

☐ This person is approved to volunteer.

☐ This person is NOT approved to volunteer.

Parish / School Name: _____ City: _____

Safe Environment Coordinator Name (please print): _____

Safe Environment Coordinator Signature: _____ Date: ____/____/____