MINOR VOLUNTEER APPLICATION

ARCHDIOCESE OF ATLANTA
(Unpaid Workers)

Parish/School/Agency Name:

Saint Monica Church Duluth, Ga.

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: (____) _____ **Cell phone: (____)** _____

Name of School: _____ **E-mail address:** _____

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

REFERENCES. Please provide the "School Reference for Minor Volunteers" form to your school Principal, Dean, or School Administrator to complete.

For Home School

Please list 3 non-family members who are familiar with your character

Name _____
Telephone _____
Verified on:_____ By:_____

Name _____
Telephone _____
Verified on:_____ By:_____

Name _____
Telephone _____
Verified on:_____ By:_____

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

FOR PARISH/SCHOOL/AGENCY USE ONLY

INTERVIEWED
By: _____

Date: _____

POSITION ASSIGNED:

_____

a. Have the reference been contacted?
____Yes _____No

By whom? _____

When? _____

_____
Signature of Supervisor

_____
Date

ACCEPTED:

_____
Signature of Pastor

_____
Date

× _____ _____ × _____ _____
Signature of Parent **Date** **Signature of Minor** **Date**

Revised December 2015