

Archdiocese of Atlanta (Unpaid Workers)

Volunteer Application for Minors

Name of Parish/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:				(24)	
Name of School:		_			
Date of Birth:					
EFFERENCES. Please provide the School Reference for Minor Volunteers" orm to your school Principal, Dean, or chool Administrator to complete. For Home School Ilease list 3 non-family members who are amiliar with your character. In ame	b. Have you ever been the allegation of sexual abuse? If yes, please explain: c. Has a civil or criminal alleging physical abuse or s. If yes, give a short explanthe date, nature, and place where the complaint wa complaint.) d. Have you ever terminemployment terminated for physical abuse by you? If yes, please give a short explanted for physical abuse by you?	Yes No complaint ever been exual abuse? Ye ation of the complaint. of the incident leading is filed, and the distance of reasons relating to Yes No ort explanation of the	filed against you s No (Please indicate to the complaint, sposition of the ent or had your o allegations of the state of t	FOR PARISH/SCHOUSE ON INTERVIEWED By: Date: POSITION ASSIGNED: a. Is the position volunteer has been a requires that referenceYesNo	to which the ssigned one that es be contacted?
elephone	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.			If yes, have the contacted?Yes Signature of Su Business Ma Date Accepted:	No.
Signature of Parent	Date Signa	ture of Minor	Date	Signature of Paste Date	or/Principal