

Archdiocese of Atlanta (Unpaid Workers) Volunteer Application for Minors

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			
(Street) (City) (State) (Zip) Home phone: Cell phone:	(Last)	(First)	(Middle Initial)	
Home phone: Name of School: E-mail address:	Address:			
Name of School: E-mail address:	× ,			
	Home phone:	Cell phone:		
Data of Dirthy Social Socurity Numbers VVV VV	Name of School:	E-mail address:		
Date of Birth: Social Security Number: XXX - XX -<	Date of Birth:	Social Security Numbe	r: <u>XXX</u> - <u>X</u>	<u>XX_</u>

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:	
Name	
Telephone	
Verified on:	
Name	
Telephone	
Verified on:	

PERSONAL INFORMATION

X

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.)

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.

Signature of Parent

Date

Signature of Minor Date Date

Signature of Pastor/Principal

INTERVIEWED

POSITION ASSIGNED:

_Yes ___No

Accepted:

contacted? Yes No.

a. Is the position to which the

volunteer has been assigned one that

requires that references be contacted?

If yes, have the references been

Signature of Supervisor/

Business Manager

Date

By: _

Date: