

Roman Catholic Diocese of Syracuse

Application for Volunteer Service (This form is not an Employment Application)

Note: This form is to be completed by any individual who is currently, or is applying to be, a volunteer in any program sponsored by the Diocese of Syracuse, including its parishes, departments, and related agencies. Please complete all information.

Diocesan Location: _____ Today's Date _____
(Parish, School, Agency, Ministry)

SECTION ONE - APPLICANT INFORMATION

Last Name _____ First _____		Phone Number ()
Middle _____		Alternate Phone Number ()
Please provide additional information relative to a name change or nickname you use/have used, necessary to check on your volunteer references.		E-Mail Address (optional)
Current Street Address _____		Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please provide your age _____
City _____	State _____	Zip _____

EMERGENCY CONTACT INFORMATION

Last Name _____ First _____		Emergency Phone Number ()
Relation to Volunteer _____		Alternate Phone Number ()

EDUCATION & EXPERIENCE

Please check your highest level of education completed.

High School <input type="checkbox"/>	College <input type="checkbox"/>	Graduate <input type="checkbox"/>	Other Training: _____
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VOLUNTEER EXPERIENCE

Have you ever volunteered in the past at any diocesan location, including in the Diocese of Syracuse?
 Yes No If yes, give details:

Do you presently serve, or have you ever served, as a volunteer for any organization, entity, or group in which you had contact with minor children, youth, or other vulnerable populations (e.g. elderly, emotionally or mentally disabled)?

Yes No If yes, please include in section below with other applicable volunteer experience.

Area(s) of Interest Parish Life Catholic Schools Religious Education

Coaching Youth Ministry Visiting the Sick Liturgical Ministry

Parish Committee/Leadership Other(s) _____

VOLUNTEER EXPERIENCE, CONTINUED

What interests you about volunteer ministry?

If you have special skills to share please specify:

Please provide volunteer experience below; attach additional pages if needed.

1) Company/Organization Name	When (Month & Year) From To
Supervisor Name	Supervisor Phone Number ()
Duties	
2) Company/Organization Name	When (Month & Year) From To
Supervisor Name	Supervisor Phone Number ()
Duties	
3) Company/Organization Name	When (Month & Year) From To
Supervisor Name	Supervisor Phone Number ()
Duties	

PERSONAL REFERENCES

Please provide references (*do not include names of relatives*). If you have resided in this area for less than 2 years please provide at least one reference from your previous area of residence.

1) Reference Name	When (Month & Year) From To
Reference Address: City State Zip	Reference Daytime Phone Number ()
Reference E-Mail Address	
2) Reference Name	When (Month & Year) From To
Reference Address: City State Zip	Reference Daytime Phone Number ()
Reference E-Mail Address	

PERSONAL REFERENCES, CONTINUED

3) Reference Name

When (Month & Year)

From To

Reference Address:

City

State

Zip

Reference Daytime Phone

Number

()

Reference E-Mail Address

SECTION TWO

1) Have you ever attended Child and Youth Protection Training provided by a Roman Catholic Diocese? Yes No

If Yes, provide date and location: _____ Please attach a copy of your training certificate. If your training is current, you may be required to provide authorization for a current criminal background check.

2) Have you ever been the subject of a charge, report, or complaint filed by, made to, or filed with (i) a past or present employer, (ii) a court, (iii) any law enforcement agency: or (iv) any governmental agency that in any way concerned any form of child/vulnerable adult abuse or neglect?

Yes No

If yes, please state on a separate page (i) your explanation concerning each such charge, complaint, or report; (ii) the date it was made or filed; (iii) the court, agency, and/or person who investigated and/or decided or adjudicated each such charge, complaint, or report; and (iv) the manner in which each such matter was resolved or the disposition of any such charge.

3) Has a civil complaint ever been filed against you that alleged sexual misconduct or child/vulnerable adult abuse by you or your participation in or facilitation of such activities (including internal complaints given to management or supervisors at places of employment)?

Yes No

If yes, please state on a separate page (i) your explanation concerning each such, complaint, or report; (ii) the date it was made or filed; (iii) the court, agency, and/or person who investigated and/or decided or adjudicated each such complaint, or report; and (iv) the manner in which each such matter was resolved or the disposition of any such complaint.

4) Has any employer, agency, or other entity or group decided not to renew or continue your employment or volunteer service because of an allegation that in any way concerned or was related to child/vulnerable adult abuse or neglect?

Yes No

If yes, please attach a separate page and include in your explanation the date, nature, and place of the occurrence(s) or allegations(s) and the disposition of the matter(s). Also, identify your employer/supervisor at the time by name, address and telephone number.

SECTION THREE

I am applying to provide volunteer services only and understand this is not an application for employment and approval of this application will not result in an employment relationship. I understand that acceptance of an offer of to volunteer does not create any obligation upon the diocese to permit my continuing service.

By my signature below, I certify that the information provided in this application and attachments is true, correct and complete. If accepted as a volunteer, any misstatement or omission of fact on this application may result in my dismissal.

I grant permission to check my background and references and release the Diocese of Syracuse and Diocesan locations from any and all resultant liability. If welcomed as a volunteer, I will abide by the "Child and Youth Protection Policy" and the other policies and procedures of the Diocese of Syracuse.

I acknowledge that I have received, read, and will adhere to the Volunteer Code of Conduct.

I further understand that while not all positions are security sensitive I acknowledge that all persons who will have contact with children are required to undergo a criminal background check and "Child and Youth Protection Training."

Applicant Signature

Date

Parent/Guardian Signature (if applicant is under 18 years of age)

Date

SECTION FOUR - This section to be completed by Pastor, Agency Director or designee only.

The necessity of passing a criminal background check for positions involving contact with children or other vulnerable persons while working or providing volunteer services has been explained to this applicant. Acceptance of volunteer service is contingent upon the applicant successfully completing the criminal background check. References will be checked before accepting an applicant's volunteer service.

Applicant has received, read, and will adhere to the Volunteer Code of Conduct

Applicant has received information pertaining to Safe Environment Training (VIRTUS ®)

Completed applications are to be retained in a secured file at the parish/school/agency/site.

Signature of person accepting completed volunteer application (Pastor, Agency Director or designee)

Date

Printed name of person accepting completed volunteer application (Pastor, Agency Director or designee)

Position of person accepting completed volunteer application

(-----)
Telephone number