

DIOCESE OF ALEXANDRIA

Volunteer Application

Confidential

This application must be completed by all applicants for any volunteer position involving the supervision or custody of minors or other vulnerable persons. It is used to help the Diocese and its parishes provide a safe, secure environment for minors who participate in our programs and use our facilities.

PERSONAL

Volunteer Site _____ Date _____
(Parish/School/ Other)

Name _____
(Last) (First) (Middle)

Present Address _____
(Address) (City) (State) (Zip Code)

If less than 5 yrs. at above address, please provide prior address(es) and dates; use back of page if necessary.

(Dates) (Address) (City) (State) (Zip Code)

Home Phone _____ Work Phone _____

Louisiana Driver's License Number _____ Type (class) _____

On what date will you be available? _____ Minimum length of commitment _____

In what capacity do you wish to serve? _____

Have you ever been criminally charged or civilly sued concerning child abuse or neglect or the actual attempted sexual molestation of a child? YES _____ NO _____

If so, please explain: _____

CHURCH ACTIVITY

Name of Church where you are a member _____ How long? _____

List names and addresses of other Churches you have attended regularly during the past ten years. (Use back of page if necessary.)

List all previous Church work involving minors (identifying Church and type of work with dates of service or employment).

List any gifts, other volunteer experiences (locations and dates), calling, training, education, or other factors that have prepared you for work with minors.

PERSONAL REFERENCES

(List 2 references from prior volunteer work that are well acquainted with you. Do **NOT** include relatives.)

Name _____ Name _____

Address _____ Address _____

Telephone _____ Telephone _____

CERTIFICATION

I certify to the best of my knowledge that the information presented in this application is true and complete. I authorize any references or churches listed in the application to give you any information they may have regarding my character and fitness for minor work. I release all such references from liability for any damage that may result from the furnishing of such evaluations to you, and I waive any right that I may have to inspect references provided on my behalf. A facsimile or photocopy of this authorization shall be as valid as the original. My signature below indicates that I have read, understood, and agreed to the preceding statement and that I have made true, correct, and complete answers and statements on this application and any supplements to it. I understand a criminal background check will be conducted. ***If my application is accepted, I agree to be bound by the charter and policies of the Diocese of Alexandria and any Churches or agencies of the Diocese with whom I work.***

Applicant's signature _____ Date _____

Witness signature _____ Date _____

Parent or Guardian (if applicant is under 18) _____ Date _____

(For Church Use)

Reference check completed by _____ Date _____

Method(s) of contact: ___ Telephone interview ___ Personal interview ___ Letter ___ Other

Date Criminal Background Check submitted _____ Date response received _____

Sex Offender and Child Predator Registry Check: _____ Louisiana _____ Other: _____