



VOLUNTEER APPLICATION AND INFORMATION

This form is meant to serve as an information resource for parishes and Catholic schools in the Archdiocese. It will not be submitted as part of the background check process to the McDowell Agency. All volunteers who have regular or unsupervised interaction with minors or vulnerable adults must return a completed form to their parish or Catholic school *prior to beginning volunteer responsibilities.*

Name: _____
 Last First Middle

Address: _____
 Street Address

 City State Zip

Business Phone: _____ Home Phone: _____

Volunteer Position: _____

What interested you in this position? _____

Thank you for your interest in volunteering at your parish or Catholic school within the Archdiocese of St. Paul & Minneapolis. We appreciate your willingness to work with our minors and/or vulnerable adults. We know that as a volunteer you have the highest concern for those to whom you are ministering. In order to protect the most vulnerable among us, as well as our employees and volunteers, we ask that all volunteers in positions involving minors or vulnerable adults answer the following questions.

1. How long have you been associated with your parish or Catholic school? _____

2. If you have been associated with your parish or Catholic school for less than five years, list names and addresses of other churches you have attended.

3. Are you age 18 or older? (circle one) Yes No

4. Do you have family members who participate in the program for which you are volunteering? (circle one) Yes No

5. Please list any skills, training, education, or other factors that have prepared you for work with minors or vulnerable adults.

6. Please provide at least two professional references that we may contact. Ideally at least one of these would come from a previous volunteer leadership position.

a. Name: _____ Phone Number: _____

Relationship: _____

b. Name: _____ Phone Number: _____

Relationship: _____

7. Please describe prior volunteer experiences within the previous 5 years. (Attach additional sheets if needed.)

a. Organization: _____

Address: _____

Street Address City County State Zip

Supervisor: _____ Phone Number: _____

Volunteer Position: _____ From (Mo. /Yr.) _____ To (Mo. /Yr.) _____

Duties: _____

b. Organization: _____

Address: _____

Street Address City County State Zip

Supervisor: _____ Phone Number: _____

Volunteer Position: _____ From (Mo. /Yr.) _____ To (Mo. /Yr.) _____

Duties: _____

8. **Misconduct Questions.** These will be cross-referenced with the results of your background check.

1) Do you have a criminal history (except minor traffic offenses)?

_____ Yes _____ No

If yes, when and please explain in detail: _____

2) Have you ever been the subject of a criminal investigation involving an allegation of sexual abuse?

_____ Yes _____ No

If yes, when, and please explain in detail, including how the matter was resolved: _____

3) Has a civil or criminal complaint ever been filed against you alleging physical abuse or sexual abuse?
_____ Yes _____ No

If yes, when, and please explain in detail, including how the matter was resolved: _____

4) Have you ever failed to report sexual abuse as required by law or policy? Please note that all volunteers in the Archdiocese are considered mandated reporters.
_____ Yes _____ No

If yes, when, and please explain in detail, including how the matter was resolved: _____

5) Has your employment ever been terminated or have you been disciplined for reasons relating to allegations of inappropriate conduct with minors, child abuse, or sexual misconduct of any kind?
_____ Yes _____ No

If yes, when, and please explain in detail, including how the matter was resolved: _____

8. I have received, read, and understood a volunteer position description for this ministry, read and signed the Volunteer Code of Conduct, read my site's Policies booklet, and read and understood Harassment/Offensive Behavior Policy.

(initial) _____ Yes _____ No

I agree to observe all of the Parish/School/Archdiocese guidelines and policies applicable to my volunteer service.

The information provided on this form is correct to the best of my knowledge. I understand that not answering the above questions truthfully and completely is grounds for rejection of my application or dismissal from the volunteer position.

I understand that in signing this document, I authorize verification of this information through communication with any person or organization noted herein. With regard to the verification of information process, I release from liability my parish or Catholic school, and the Archdiocese of Saint Paul and Minneapolis, as well as any person or organization which provides such information, so long as all parties acted in good faith and without malicious intent.

I understand that policies are in place to maintain a safe environment for all employees, participants and volunteers, and I promise to faithfully follow all such policies.

Signature _____ Date _____