Catholic Charities
(Unpaid Workers)
VOLUNTEER APPLICATION

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: _____ **Business Phone:** _____

Cell Phone: _____ **E-mail Address:** _____

Date of Birth: _____ **Social Security Number**: XXX – XX - _____

VOLUNTEER HISTORY
Please list your last three volunteer activities, starting with the most recent.
1.

2.

3.

REFERENCES
Please list 3 non-family members who are familiar with your character.
Name:
Telephone:
Verified on: _____ By: _____
Name:
Telephone:
Verified on: _____ By: _____
Name:
Telephone:
Verified on: _____ By: _____

PERSONAL INFORMATION
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.)

b. Have you ever been the subject of an investigation involving an allegation of sexual abuse?
Yes No
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.

IMPORTANT:
Volunteers who provide direct services to children and or the elderly MUST have a background check. The information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application, or by conducting a criminal background check. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless Catholic Charities of the Archdiocese of Atlanta, Inc., the Archdiocese of Atlanta, and the officers, employees and volunteers thereof.

✕ _____ _____
Signature of Applicant **Date**

AGENCY USE ONLY

INTERVIEWED
By: _____

Date: _____

POSITION ASSIGNED:
_____

a. Is the position to which the volunteer has been assigned one that requires screening?
___ Yes ___No.
If yes, has the screening been completed?
___Yes ___No.
b. Is the position to which the volunteer has been assigned one that requires that references be contacted? ____Yes ____No
If yes, have the references been contacted?
____Yes ____No.

_____
Signature of Supervisor/
Department Head

_____
Date

ACCEPTED:

_____
Signature of Catholic Charities CEO or COO

_____
Date