



# Archdiocese of Atlanta VOLUNTEER APPLICATION FOR MINORS

The information obtained in this form is for the internal use of the Archdiocese of Atlanta only.

Name of Parish/School/Agency:  
\_\_\_\_\_

<b>First Name and Middle Initial</b>	<b>Last Name</b>	<b>Social Security Number</b>	
		XXXX - XX - _____	
<b>Address – Street</b>	<b>City</b>	<b>State</b>	<b>Zip-Code</b>
<b>Home phone</b>	<b>Cell phone</b>		
- _____	- _____		
<b>E-mail Address</b>	<b>Date of Birth:</b> ____/____/____		
<b>Name of School and Address:</b>	<b>Grade Level</b>	<b>Volunteer position:</b>	

**1. Volunteer background.**

Position	Organization	Year
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**2. Experience working with youth in other organizations.**

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**3. Current memberships (religious, community, business or professional organizations).**

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**4. 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: \_\_\_\_\_

**6. Additional information (circle each answer)**

- |  |     |    |
|--|-----|----|
| a. Do you use illegal drugs?   | Yes | No |
| b. Have you ever been convicted of a crime? (If yes, explain below)  | Yes | No |
| c. Have you ever been the subject of an investigation involving sexual abuse, sexual assault, or sexual misconduct? (If yes, explain below)  | Yes | No |
| d. Has your driver's license ever been suspended or revoked? (If yes, explain below)   | Yes | No |
| e. Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people? (If yes, explain below) | Yes | No |

**I understand that:**

- a. My services to the Archdiocese of Atlanta are on a voluntary basis and I am not entitled to nor shall I receive any compensation of employee benefits of any kind.
- b. The information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application, or by contacting any persons or organizations that may have information concerning me, 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 the Parish/School, the Archdiocese of Atlanta, and the officers, employees and volunteers thereof.
- c. By signing this application, I have read the attached information and apply for registration as a volunteer with the Archdiocese of Atlanta. I agree to comply with the policies, rules and regulations or the Archdiocese of Atlanta and the local Parish/School. I affirm that the information I have given on this form is true and correct.

**APPROVALS FOR VOLUNTEER REGISTRATION:**

We are unaware of anything contrary to the information stated in this application. This application has been reviewed according to the policies of the Archdiocese of Atlanta and this applicant meets the standards of the Archdiocese of Atlanta.

\_\_\_\_\_  
Signature of Business Manager/  
Director of Department

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Pastor/Principal/  
Department Head

\_\_\_\_\_  
Date

**ACCEPTED:**

\_\_\_\_\_  
Signature of Archbishop or  
designee

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Signature of Minor

\_\_\_\_\_  
Date