



Covered Volunteer Application Form

Parish(es) or
School(s) where you
volunteer and the
address:

*(If you volunteer at more than
one location, list them all.)*

1 _____
2 _____
3 _____

Ministry or
Ministries
If Applicable

1 _____
2 _____
3 _____

Dear Volunteer:

Thank you for offering your time and talent to work with the youth and others in our parish/school. Volunteers, such as you, are indispensable to our ministry and programs in the Church. The policy of the Diocese of St. Petersburg requires a Covered Volunteer Application and a background screening for all covered volunteers of the hiring entity. A covered volunteer is an individual who will have the care, responsibility, and or supervision of a child or youth or unsupervised access to vulnerable adults. Because you will be volunteering for the hiring entity and working with our young people, the elderly or infirmed, we also require some basic information about you, which assures the best possible program and safety for all. Please print your responses to the following questions and return this form to your Director of Religious Education, Youth Minister, School Administrator or the parish/school office.

Name:	Social Security # (Last 4 digits only):	Date of Birth:	
Address:	City:	State:	Zip:
Email Address:			

Place of Employment:	Work Phone:	Home Phone:
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Are you a member of the Catholic Church?	Yes:	No:	Your parish/school/entity name:
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Volunteer position(s) you are seeking:

Have you been directed to transport children, youth or vulnerable adults by your parish/school/or other diocesan organization?

Prior experience working with children, youth, the elderly, or the infirmed:

Driver's license #:	State:	*Race:	*Sex:
Has your license ever been suspended or revoked?	Yes:	No:	If yes, please explain:
List other states where you have held a driver's license within the past 5 years			

Have you ever been arrested: ((Circle One)	Yes:	No:	If yes, what was the result of the arrest? (include adjudication withheld, plea of nolo contendere or pre-trial diversion)
Have you ever been the subject of an investigation involving an allegation of sexual abuse?	Yes:	No:	If yes, please explain:

Have you ever been a defendant in a civil action for an intentional tort? (E.g. assault, battery, etc.)	Yes:	No:	If yes, please explain, including nature of the intentional tort and date it was committed:

Has your employment ever been terminated for reasons related to allegations of physical abuse?	Yes:	No:	If yes, please explain:

Authorization:

In conjunction with my request to serve as a volunteer for the above position, I understand that investigative inquiries on my background are to be made on me, to assess whether any reason exists that would suggest that I not be accepted for the position. These inquiries will be made according to policies of the hiring entity and will consist of a criminal background check and/or driving record check using the services of the Diocese of St. Petersburg / Department of Human Resources or a designated outside firm. The information received will be kept confidential and will be used only to determine my suitability to volunteer for the above noted position.

I authorize without reservation, any party contacted to furnish any or all of the above-mentioned information. Further, I will allow a photocopy of this authorization to be as valid as the original for purposes conducting the necessary investigation.

In addition, I agree to abide by the policies, procedures and code of conduct that currently exist or may be amended in the future by the entity for which I am volunteering.

(Signature of Volunteer)

(Date)

NOTE: Date of birth, sex, and race are being requested only for purposes of identification in obtaining accurate retrieval of records.