

Volunteer Application in the Archdiocese of Miami

Dear Volunteer:

Thank you for offering your time and talent to work with the youth of our school. Volunteers, such as yourself, are indispensable to our programs. We truly dislike troubling you, but we know you will understand that we face possible liabilities if we do not make appropriate inquiries of those to whom the care of our young people is committed. Please supply the information requested below and return this form to your Principal, the school office, Director of Religious Education.

Personal Information (Please Print):

Name _____ Social Security # _____ - _____

Address _____

City _____ State _____ Zip _____

Date of Birth: _____

Work Phone: _____ Home Phone: _____

Driver's License

Number _____

Religious Information: Parish

Baptism ()Yes ()No _____

First Communion ()Yes ()No _____

Confirmation ()Yes ()No _____

Education:

Elementary Completed ()Yes ()No

High School Completed ()Yes ()No

College ()Yes ()No

Graduate Work ()Yes ()No

Specialization _____

Do you have any history of:

Alcohol or drug abuse ()Yes ()No

Mental Illness ()Yes ()No

Contagious Disease(s) ()Yes ()No

Problems with the law:

Have you ever been arrested? ()Yes ()No

Have you ever been accused of child neglect or abuse? ()Yes ()No

Has your driver's license ever been suspended or revoked? ()Yes ()No

If you answered yes to any of the above questions, please explain:

1. Has a criminal, civil or internal complaint to management or supervisors at places of employment / volunteering ever been filed against you which alleged sexual misconduct, harassment or child abuse by you, or your participation in or facilitation of such activities? ()Yes ()No

If yes, explain. Please provide the date, nature, and place of the incident leading to the complaint; where the complaint was filed, disposition of the complaint and identify by name and title, the person(s) who investigated the complaint and the person who adjudicated the complaint.

2. Do you presently serve, or have you ever served, as a volunteer for any organization, entity or group in which you had significant contact with children or other vulnerable populations (i.e. elderly, mentally or emotionally challenged, etc.)

Yes No

If yes, please provide the name, address and telephone number of the organization, period of volunteer service, supervisor's name and briefly describe your activities and/or duties.

3. Have you ever terminated any employment or volunteer service or chosen not to renew or continue any employment or volunteer service or have you had employment/ volunteer service terminated, or been subject to any disciplinary action against you for reasons relating to allegations of sexual misconduct or child abuse by you?

Yes No

If yes, please explain. Include in your explanation the date, nature, and place of the occurrence(s) or allegations(s), and the disposition of the matter(s). Also, identify your employer and supervisor at the time by name, address and telephone.

4. Have you ever been convicted of a crime (other than a minor traffic violation)?

Yes No

If yes, please explain. Include in your explanation the date and place of any conviction and the crime for which you were convicted.

5. Have you ever been reprimanded, investigated, or dismissed from a position for grounds that include or involve immoral conduct, unprofessional conduct, unethical conduct, harassment, including sexual harassment, unfitness for service, etc.?

Yes No

If yes, please explain the incident and provide the name of your supervisor, telephone number and dates.

6. Have you ever been a defendant in a civil action for an intentional tort, including but not limited to, assault, false imprisonment, rape, etc.?

Yes No

Prior Experience Working With Children/Youth

() Children (up to age 10)

Nature of work Supervisor's Name, address and Phone Number

() Youth (ages 11-14)

Nature of work Supervisor's Name, address and Phone Number

() Teens (ages 15-18)

Nature of work Supervisor's Name, address and Phone Number

WHAT WOULD YOU SAY ARE YOUR STRONGEST GIFTS?

PLEASE DESCRIBE, IN YOUR OWN WORDS, WHAT PROMPTED YOU TO VOLUNTEER YOUR SERVICES WITH THIS PROGRAM.

REFERENCES: Please list names, addresses, and phone numbers of those who are familiar with your character as it relates to work with youth. Three (3) NON-FAMILY references (excluding the Pastor and Staff)

Name Address Phone

The information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application or by contacting any person or organization that may have information concerning me.

I authorize the Archdiocese of Miami, its employees and agents to make inquiries, including criminal history, employment history and driving history. I hereby release and agree to hold harmless from liability any person(s) or organization who, in good faith, provides information to complete a background investigation. I also agree to hold harmless the local parish, school, or other diocesan institution, the Archdiocese of Miami, and the officers, employees and volunteers thereof from any present or future claim of any kind resulting from any alleged liability for conducting a background investigation which may include, but not limited to, criminal courts, state and county and national repositories or criminal records.

Under the penalties of perjury, I declare that I have read the foregoing, and the facts alleged are true to the best of my knowledge and belief.

Volunteer's Printed Name: _____

Volunteer's Signature: _____ Date: _____