

Roman Catholic Diocese of Syracuse

Diocesan Location:

Application for Volunteer Service

Note: This form is to be completed by an individual who is currently or is applying to be a volunteer in any program sponsored by the Diocese of Syracuse, including its parishes, departments, and related agencies.

Last Name	First Name	Middle Name	Date
Is additional information Relative to a name change or nickname necessary to check on your work records? <i>If Yes please explain</i>			Yes No

Current Address	City	State	Zip Code	Daytime Phone	Evening Phone
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Permanent Address <i>if Different from Current Address</i>	City	State	Zip Code	Cell Phone	Email Address
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Have you Ever been an employee or volunteer at any Diocesan Location, including in the Diocese of Syracuse? <i>If Yes, give details</i>	Yes	No
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Are you 18 Years of age or older?	Yes	No
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I am Volunteering:	I am generally available:	Date available
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Area(s) of Interest:	Other(s)
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I am applying to do:	I am interested in employment opportunities:
1)	
2)	I am a U.S. Citizen or have the legal right to accept employment in the U.S. Yes No
3)	

Have you ever received Child and Youth Protection Training? <i>if Yes</i> When	Yes	No	Where	By Whom
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Name and Location of School	Number of years/Credit Hours Completed	Minor	Major	Degree Received
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High School	Diploma	Yes	No
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College

Postgraduate
School

Other Training

The Diocese of Syracuse commits itself to a continued policy that there be no unlawful discrimination because of race, color, sex, national origin, marital status, an individual's disabilities, age, criminal record, genetic predisposition, or carrier status. This policy will apply to all situations which oversee the consideration and movement of personnel.

EMPLOYMENT and VOLUNTEER ACTIVITIES

Please list all present and former employment and volunteer activities beginning with your present or most recent position. Use additional pages if needed. If you desire, you may attach a resume or curriculum vitae.

Company/Organization Name Phone
Address When (Months & Year)
From To
Title Reason for Leaving
Duties

Company/Organization Name Phone
Address When (Months & Year)
From To
Title Reason for Leaving
Duties

Company/Organization Name Phone
Address When (Months & Year)
From To
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Company/Organization Name Phone
Address When (Months & Year)
From To
Title Reason for Leaving
Duties

REFERENCES If you have resided in this area for less than 2 years, please provide at least one reference from your previous area of residence

Name	Phone Number	Title
Address	City State	Zip Code
Name	Phone Number	Title
Address	City State	Zip Code
Name	Phone Number	Title
Address	City State	Zip Code

If you have special skills to share, please complete the following, where applicable:

Prayer Leader	Biblical Studies	Medical	Professional Counselor	Law/Law Enforcement
Marketing/Sales	Music/Art	Computer	Retreat Team	Teacher/Trainer
Carpentry/Plumbing	Development/Finance	Program Design		
Other(s)				

IMPORTANT PLEASE READ THIS

All applicants must complete question IV. You must complete questions I, II, & III *only* if the position(s) for which you are applying will involve contact with children or other vulnerable individuals. i.e., elderly, mentally, or emotionally handicapped, etc. Such positions include but are not limited to coaching, counseling, maintenance, religious education, youth ministry, and service/ministry to anyone under the age of 18.

- I. Has a civil complaint ever been filed against you that alleged *sexual misconduct* or *child abuse* by you or your participation in or facilitation of such activities (including internal complaints given to management or supervisors at places of employment)?

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.

- II. Do you presently serve, or have you ever served as a volunteer for any organization, entity, or group in which you had contact with children or other vulnerable populations (e.g., elderly, mentally or emotionally handicapped, etc.)?

Yes No

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

- III. Have you ever chosen not to renew or continue any employment or volunteer service, had your employment or volunteer service terminated, or been subject to any disciplinary actions, for reasons related to allegations of sexual misconduct or child abuse by you?

Yes No

If Yes, please explain. Please include in your explanation the date, nature, and place of the occurrence(s) or allegation(s) and the disposition of the matter(s). Also, identify your employer and supervisor at the time by name, address, and telephone number.

- IV. Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No

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

IMPORTANT by my signature below I certify that the information provided in this application is true, correct and complete. If employed or accepted as a volunteer, any misstatement or omission of fact on this application may result in my dismissal. I grant permission to check my background and references and release the Dioceses of Syracuse and Diocesan locations from any and all resultant liability. If welcomed as a volunteer, I will abide by the "Child and Youth Protection Policy" and the other policies and procedures of the Dioceses of Syracuse. I understand that acceptance of an offer to volunteer does not create any obligation upon the Diocese to permit my continuing service.

I further understand that while not all positions are security sensitive; I acknowledge that all persons who will have contact with children are required to undergo a criminal background check and "Child and Youth Protection Training."

I will be required to furnish proof of identity in association with the Criminal Background Check.

Signature _____ Date



This section to be completed by Pastor or Agency Director Only

The necessity of passing a criminal background check for positions involving contact with children or other vulnerable persons while working or providing volunteer services has been explained to this applicant. Acceptance of volunteer service is contingent upon the application successfully completing the criminal background check. References will be checked before accepting an applicant's volunteer service. **Completed applications are to be retained in a secure, confidential file at your diocesan site.**

Signature _____ Date

Name of Location

Telephone Number