



ARCHDIOCESE OF BALTIMORE APPLICATION FOR VOLUNTEER SERVICE

Revised 2015

I. Contact Information

Title: (if applicable): ☐ Br ☐ Dr. ☐ Mr. ☐ Ms. ☐ Rev. ☐ Sr.

Last Name First Name Suffix

Other names Previously Used (if applicable)

Present Street Address

City State Zip
() ☐ Home ☐ Work ☐ Mobile ☐ Other

Primary Phone

() ☐ Home ☐ Work ☐ Mobile ☐ Other

Alternate Phone

Date of Birth: (If Applicant is under 18 years)

Email Address

Are you a member of a parish in the the Archdiocese of Baltimore? ☐ Yes ☐ No

If yes, how long? Parish Name City

II. Volunteer Services

☐ Parish ☐ Child Care Facility ☐ School ☐ Other

What position(s) are you applying for?

What interests you about the position(s)?

What has prepared you for the position(s) for which you are currently applying?

III. Volunteer/Work Experience

Have you ever applied for or served as a volunteer or employee in any parish, school, or institution within the Archdiocese of Baltimore?

☐ Yes ☐ No If yes, which location (s):

Please list your volunteer/work experience with church/civic/non-profit organizations.

(Attach additional sheet of paper if necessary)

Organization	Duties	Dates	Contact	Phone

IV. Archdiocesan Policy

- Have you ever had your volunteer services or employment terminated by any parish, school, or institution? ☐ Yes ☐ No
- Have you been terminated from volunteer service or employment due to suspected child abuse? ☐ Yes ☐ No
- Have you ever been accused of physically, sexually or emotionally abusing a child or have you ever been accused of neglecting a child? ☐ Yes ☐ No

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

Reviewed by:

V. Education

Please list education, training and/or certifications received that are relevant to the position for which you are currently applying?

All volunteers with substantial contact with minors and/or those who are designated by the Responsible Administrator must complete Section VI.

VI. References (3 required -- provide one in each category -- must be 18 years or older)

Reference Type	Reference Name	Address (City, State, Zip)	Daytime Phone	How long have you known this person?	What is your relationship with this person?
Personal* (1)					
Family Member/Other Personal					
Professional/Civic *(2)					

*(1) If previously volunteered or worked for Archdiocese, this reference must be applicant's most recent supervisor.

*(2) If reference phone/address is for a business, please provide the name of the company.

VI. The Archdiocese of Baltimore appreciates your willingness to share your faith, gifts, and skills.

Providing safe and secure programs is of utmost importance. The information gathered in this application is designed to help our parishes, schools, and institutions provide the highest quality Catholic programs for the people of our community.

- I have reviewed a copy of the *Code of Conduct for Church Personnel in the Archdiocese of Baltimore*.
- I have reviewed a copy of *A Statement of Policy for the Protection of Children & Youth* of the Archdiocese of Baltimore.
- I understand and agree that false statements and/or omissions regarding past conduct and/or present situations is cause for rejection of my application or dismissal from my volunteer service.
- I agree to observe all of The Archdiocese of Baltimore guidelines and policies for the program in which I am applying.
- I understand that The Archdiocese of Baltimore takes all allegations of abuse seriously. I further understand that The Archdiocese of Baltimore cooperates fully with the authorities to investigate all cases of alleged abuse. Abuse of minors or vulnerable adults is grounds for immediate dismissal and possible criminal charges.
- I hereby authorize the Archdiocese and/or the above named organization to conduct a personal and professional background check for the purpose of my application. They may contact references; past and current employers; churches, youth organizations, or agencies where I have provided volunteer service; and any other individual or organization that may have information relevant to my application.
- I hereby release all of the above stated entities and their agents from any and all liability in connection with providing information, investigating or evaluating my application.
- I waive any right that I may have to inspect any information provided about me in connection with this application.
- I have read and understood the above stated information within this release and am signing below of my own free will.

Applicant Signature

Date (MM-DD-YY)

Parent/Guardian Signature (if applicant is under 18 years)

Date (MM-DD-YY)

Parish/School: _____ Reviewed By: _____

Date Received: _____ Date Submitted: _____ Date Approved: _____