

Name: (Last)	(First)	(Full Middle)	(Maiden)	Social Security No.*: (Required)
Residential Address: (include full address with City/State/Zipcode)				Telephone No.: (include area code) (Required) [H]
Email Address: (Optional)				
Date of Birth:* (Required)	Place of Birth: (City)	Place of Birth: Country/State		[W] [Cell]

Name of Parish or School and City/Town/County:

Indicate the Program you are volunteering in below:

<input type="checkbox"/> Religious Education	<input type="checkbox"/>	<input type="checkbox"/> Coach (Athletics)	<input type="checkbox"/>	<input type="checkbox"/> Boy Scout Program (P/T/C#-_____)***	<input type="checkbox"/>
<input type="checkbox"/> Church Nursery	<input type="checkbox"/>	<input type="checkbox"/> School/Office Volunteer	<input type="checkbox"/>	<input type="checkbox"/> Girl Scout Program (T#_____)***	<input type="checkbox"/>
<input type="checkbox"/> Children's Liturgy	<input type="checkbox"/>	<input type="checkbox"/> Room Parent	<input type="checkbox"/>	<input type="checkbox"/> Diocesan Scouting Council (DSC)	<input type="checkbox"/>
<input type="checkbox"/> Youth Ministry	<input type="checkbox"/>	<input type="checkbox"/> Teacher Aide/Tutor	<input type="checkbox"/>	<input type="checkbox"/> Rel. Emblem Counselor (BS)	<input type="checkbox"/>
<input type="checkbox"/> Youth Retreats	<input type="checkbox"/>	<input type="checkbox"/> Event Coordinator	<input type="checkbox"/>	<input type="checkbox"/> Rel. Emblem Counselor (GSUSA)	<input type="checkbox"/>
<input type="checkbox"/> Unpaid Parish Staff**	<input type="checkbox"/>	<input type="checkbox"/> Driver	<input type="checkbox"/>	<input type="checkbox"/> Diocesan Retreat-o-ree	<input type="checkbox"/>
<input type="checkbox"/> Knights of Columbus**	<input type="checkbox"/>	<input type="checkbox"/> Cafeteria	<input type="checkbox"/>	<input type="checkbox"/> Event Driver	<input type="checkbox"/>
<input type="checkbox"/> Event Coordinator	<input type="checkbox"/>	<input type="checkbox"/> Chaperone (Field Trips)	<input type="checkbox"/>	<input type="checkbox"/> Other _____	<input type="checkbox"/>
<input type="checkbox"/> Event Driver	<input type="checkbox"/>	<input type="checkbox"/> PTO	<input type="checkbox"/>		
<input type="checkbox"/> Diocesan Retreats	<input type="checkbox"/>	<input type="checkbox"/> School Board	<input type="checkbox"/>		
<input type="checkbox"/> Social Outreach	<input type="checkbox"/>	<input type="checkbox"/> Other _____	<input type="checkbox"/>		

(**Working with children) (***)Indicate Pack, Troop, Crew No.)

Are you currently an employee at a parish, school or agency of the Catholic Diocese of Richmond?
 Yes No. If no, please complete the rest of this application. If yes, where? _____
 If yes, please **sign here and sign the back** of form **do not** complete the rest of this application

Are you a volunteer at another parish, school or agency of the Catholic Diocese?
 Yes No If yes, where? _____
 Did you complete this same application there? Yes No
 Did you complete the Child Protective Services Form there? Yes No I'm not sure
 If yes to all the questions above, please **sign here and sign the back** of form **do not** complete the rest of this application.

Please list skills, interests, or hobbies:

- Have you ever been charged with, accused of, or convicted of child abuse or sexual abuse?
 Yes No If yes, please give explanation here or attach explanation.
- Have you ever been convicted of a felony or misdemeanor? Yes No
 If yes, please give details here or attach explanation:

List References below: (Non-related)

References Organization / Position held	Years	State or Country	References: Name	Telephone No. (with Area Code)

For office use only (date): CPS _____ Volunteer Select _____ OTHER _____

(TURN OVER)

List previous <u>addresses</u> and <u>dates</u> : (7 years)				Dates (From/To)
(Street)	(City)	(State)	(Zip Code)	[Month/ Year]

CONSENT

I, _____ hereby authorize the **Catholic Diocese of Richmond** and/or its agents to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for volunteering with the Catholic Diocese of Richmond.

I release the **Catholic Diocese of Richmond** (the "Diocese") and/or its agents from any and all liability for any damages I may sustain as a result of my furnishing information to the Diocese or as a result of other persons or entities furnishing information to the Diocese in connection with screening and/or background checks.

*If the Diocese determines I do not meet the background standards for volunteer work, I will be notified in writing. I will also receive a copy of the background report from Choice Point or other agency that contained information used by the Diocese in making its decision. I may challenge any adverse information disclosed by the background report.

The following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge:

_____ (Print Full Name)

_____ (Signature)

_____ (Date)

*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for volunteering or employment. **The Catholic Diocese of Richmond** considers all applicants for positions without regard to race, color, national origin, age, marital or veteran status, handicap or medical condition, sex, sexual orientation, status, except where such is a bona fide occupational qualification for the position sought.