

Program for Child and Youth Protection

Dear Ministry Volunteer,

Thank you for your willingness to be a part of the ministry to children and youth. With your help, we will reach out to children and youth as we provide safe, welcoming environments where they can grow in their relationship with our Savior, Jesus Christ.

The volunteer application you are to complete is used for volunteers who work in leadership with minors. As you fill out this form please complete all items. This form gives us all the needed information to complete a confidential background check. This letter highlights one item for you to know as you complete the application:

- On page 3 there are a series of declarations. Please initial all of them and sign at the bottom. This letter is the “separate writing” that is referenced on page 3 of the application. There is also a reference made to a “Consumer Report”. This refers to a background check of public records, typically done by a third party, under the Fair Credit Reporting Act. We work to be certain that we are not getting false “hits” or wrong records. The law that allows this search is part of the Fair Credit Reporting Act. (A Consumer Report is **not** a credit history as one would get if you were applying for a loan.) For example, if you have a criminal record of writing bad checks, it will “have bearing” on your credit worthiness. It would also impact your credit, but we are not seeing this item in a credit history we are seeing it in your criminal background check. Again, we are conducting a criminal background check using a consumer report. This is not a credit history.

On behalf of the Diocesan Safe Environment Committee and personally, thank you for your dedication to this effort. Working together, we will make a difference in the lives of our precious children. If I can be of any assistance to you and/or your parish, please contact me at the phone number or email address listed below.

Yours In Christ,

John Pendergrass
Director, Program of Child and Youth Protection

1-866-535-SAFE (1-866-535-7233)

email: safe@raldioc.org

Volunteer History

_____ Check here if you have no volunteer history.

Volunteer history should include 3 of your most recent activities. If you are still participating in a volunteer program, end date will be current.

Dates (mm/yyyy) (Start with most recent)	Organization City, State, Zip	Contact	Contact Phone Number	Position/Duties
Beg. Date _____ End Date _____				
Beg. Date _____ End Date _____				
Beg. Date _____ End Date _____				

References

Please give at least 3 references.

Reference Name First/Last	Address (City, State, Zip)	Daytime Phone	How long have you known this Person?	Has this person agreed to be a reference?
Work				
Personal				
Personal				
Other				

Confidential Background Check Information

Please note: Information in this section is only used to obtain criminal records, which are reviewed by a diocesan official in strictest confidence.

_____ Yes _____ No Have you ever been convicted for physically, sexually, or emotionally abusing a child or an adult?

If yes, please explain: _____

_____ Yes _____ No Has a civil lawsuit or employment complaint ever been filed against you for child abuse or sexual abuse?

If yes, please explain: _____

_____ Yes _____ No Have you ever left an assignment or employment or been removed from an assignment or employment for reasons related to allegations of child abuse, physical abuse or sexual abuse?

If yes, please explain: _____

_____ Yes _____ No Have you changed your last name in the past 7 years?

If yes, what was your previous last name? _____

_____ Yes _____ No At any time during the past 7 years have you lived in a different state (within the United States) or do you currently live outside the state this Diocese is located in?

If yes, what state did you live in? _____

What are the last four (4) digits of your Social Security Number: ***-**- _____

OR what is your I-Tin Number: _____

Driver's License OR State ID Card: State _____ Number: _____

(Choose One) _____ Driver's License OR _____ State ID Card OR _____ I do not have a Driver's License or State ID Card

Date of Birth: Month _____ Day _____ Year _____

Gender: Male _____ Female _____

Declarations

The **Catholic Diocese of Raleigh** appreciates your willingness to share your faith, gifts and skills. Providing safe and secure programs for our members is of utmost importance to us. The information gathered in this application is designed to help us provide the highest quality Catholic programs for the people of our community. Please read and initial each of the statements below.

_____ I declare that all statements contained in this application are true and that any misrepresentation or omission is cause for rejection of my application or dismissal from my position. I understand and agree that false statements and/or omissions regarding past conduct and/or present situations may be grounds for denial of the application.

_____ I agree to observe all of the **Catholic Diocese of Raleigh** guidelines and policies for the program in which I am applying, including the Code of Conduct for Church Personnel for the Diocese of Raleigh.

_____ I have read and understand the Code of Conduct for Church Personnel for the Diocese of Raleigh.

_____ I understand that the **Catholic Diocese of Raleigh** has a ZERO TOLERANCE FOR ABUSE and takes all allegations of abuse seriously. I further understand that the **Catholic Diocese of Raleigh** 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 understand that I can withdraw from the application process at any time.

_____ I hereby authorize the **Catholic Diocese of Raleigh** to conduct a personal and professional background check for the purposes of my application at the **Catholic Diocese of Raleigh**. The **Catholic Diocese of Raleigh** may contact any references, past and current employers, church, youth organizations, agencies where volunteer service has been completed, and any individual or organization which might be relevant to my desired position. I hereby release all of the above stated persons from any and all liability for damages that might occur during the **Catholic Diocese of Raleigh's** contact with the individuals for purposes of employment or volunteer services. I understand and agree that information may be obtained from sources that I provided above and that this information will be held confidentially by the **Catholic Diocese of Raleigh**. I have also read and understood the above stated information within this release and am signing below of my own free will.

_____ I hereby acknowledge that I have been notified in a separate writing that the **Catholic Diocese of Raleigh** may request a Consumer Report about me. I understand that the Consumer Report may contain information bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. I understand that the Consumer Report *may* contain public record information such as consumer credit reports, criminal records, judgments, liens, driving records, educational history, prior employment history, or other **public record information**. I further understand that information may be requested from various Federal, State, local and other agencies that reflects my past activities.

_____ By my signature below, I authorize the **Catholic Diocese of Raleigh** to request and obtain a Consumer Report containing, without limitation, the above-described information in connection with my application. I also authorize, without reservation, any person, agency, or other entity contacted by or on behalf of the **Catholic Diocese of Raleigh** to furnish the above described or similar information. Also by my signature below, I waive any and all causes of action that I may have against the **Catholic Diocese of Raleigh** caused by the gathering or supplying of the above described or similar information.

_____ I understand that a criminal background check will be conducted prior to and may be conducted during my service. I authorize investigations of all statements contained in the application.

_____ My signature indicates that I have read and understand the above.

Do not sign until you have read and initialed the above statements.

Applicant Signature _____ **Date:** _____ / _____ / _____

Selected Sites

Please indicate the city and the name of the parishes/schools with which you would like this application to be registered.

City Where Parish is Located	Name of Parish/School