ARCHDIOCESE OF WASHINGTON
CHILD PROTECTION AND SAFE ENVIRONMENT
Pastoral Center: 5001 Eastern Avenue, Hyattsville, MD 20782
Mailing Address: P.O. Box 29260, Washington, D.C. 20017
Phone: (301) 853-5328 Fax: (301) 853-7675
Email: Childprotection@adw.org

VOLUNTEER APPLICATION

This form is to be completed, signed and returned to the Child Protection Compliance Coordinator at the parish, school or agency at which you are to provide volunteer services. This application will be retained in a file on site.

Last Name First Middle	Last 4 Digits of SSN	Date

Present Street Address City State Zip	Daytime Phone
	Evening Phone
Permanent Address (If different from present address)	Cell Phone No.
	E-mail Address
Have you ever volunteered for an Archdiocesan location? ☐ Yes ☐ No	Are you 18 years of age or older?
If yes, give details: _____	☐ Yes ☐ No

I am interested in VOLUNTEERING at ☐ school: _____; ☐ parish: _____; ☐agency: _____
Interested in volunteering for ☐ school activities ☐religious education ☐ youth ministry ☐ coaching ☐other_____

I am available ☐ mornings☐ afternoon ☐evenings ☐ weekdays ☐ weekends Date available: _____

VOLUNTEER ACTIVITIES
Please list all present and former volunteer activities beginning with your present or most recent position first. Use additional pages if needed. Include all other names worked under if different than the name you used on this form.

Parish/Company/Organization Name	Phone	From To
Address	City, State Zip	
Duties/Responsibilities		

Parish/Company/Organization Name	Phone	From To
Address	City, State Zip	
Duties/Responsibilities		

Parish/Company/Organization Name	Phone	From To
Address	City, State Zip	
Duties/Responsibilities		

MINOR'S INFORMATION

Current year: _____

Child's name: _____ **Child's name: _____**
Current Grade: _____ **Current Grade: _____**

IMPORTANT – PLEASE READ THIS

(You must complete questions I, II, & III.)

I. **Has a complaint (civil, criminal, or otherwise) ever been filed against you that alleged any inappropriate conduct with minors, sexual misconduct, or child abuse by you (including internal complaints given to management or supervisors at places of employment)?**

☐Yes ☐No

(If yes, please explain. Please include in your explanation the offense alleged and the disposition of the matter, including: the date and jurisdiction of any conviction; guilty plea; nolo contendere plea (no contest); finding of guilt following a trial; or, the receipt of probation before judgment.)

II. **Has a complaint (civil, criminal, or otherwise) ever been filed against you that alleged your participation in, facilitation of, or failure to report any inappropriate conduct with minors, sexual misconduct, or child abuse by another (including internal complaints given to management or supervisors at place of employment)?**

☐Yes ☐ No

(If yes, please explain. Please include in your explanation the offense alleged and the disposition of the matter, including: the date and jurisdiction of any conviction; guilty plea; nolo contendere plea (no contest); finding of guilt following a trial; or, the receipt of probation before judgment.)

III. **Have you ever chosen not to continue any employment, had your employment terminated, or been subject to any disciplinary action, for reasons relating to allegations of inappropriate conduct with minors, sexual misconduct, or child abuse by you?**

☐Yes ☐ No

(If yes, please explain. Please include in your explanation the offense alleged and the disposition of the matter, including: the date and jurisdiction of any conviction; guilty plea; nolo contendere plea (no contest); finding of guilt following a trial; or, the receipt of probation before judgment.)

IMPORTANT – The following must be read and signed by all applicants.

I hereby confirm that the information provided in this application is true, correct, and complete. If accepted as a volunteer, any misstatement or omission of fact on this application may result in my dismissal. I hereby authorize the Archdiocese of Washington to conduct, obtain, and review state and federal criminal background checks based on the personal identification information I have provided herein. I hereby grant the Archdiocese of Washington permission to check my background and references as set forth above. Except in the case of its negligent misuse of the information obtained, I hereby release the Archdiocese of Washington, its officers, directors, agents, employees, or representatives from any and all claims arising from or in connection with my background screening. I understand and acknowledge the Roman Catholic religious nature of the Archdiocese of Washington. I understand and acknowledge that, in accordance with their role as Church volunteers and in witness to the Gospel of Jesus Christ, archdiocesan volunteers must conduct themselves with integrity and act in a manner consistent with the official teachings, doctrines, laws, and policies of the Roman Catholic Church.

Print Name: _____ **Signature:** _____ **Date:** _____

This section is to be completed by Pastor, Principal or Agency Director only.

The necessity of passing a state and federal criminal background check for positions involving contact with minors or other vulnerable persons while providing volunteer services has been explained to this applicant. Acceptance of volunteer services is contingent upon the applicant successfully completing the state & federal criminal background check.

_____	St. John the Evangelist	305	301-868-2010
Authorized Signature **Date**	**Name of Parish, School, Agency**	**Location Number**	**Telephone number**

Signed applications are to be returned to the Child Protection Coordinator at your parish, school or agency.

APPENDIX E

Acknowledgment

Acknowledgment of Receipt and Review of the Archdiocese of Washington Child Protection Policy

This is to acknowledge that I have received and reviewed a copy of the *Archdiocese of Washington Child Protection and Safe Environment Policy.*

I understand that I am responsible for complying with the policy as stated and, if I am an employee or volunteer, that questions or clarifications regarding this policy should be directed to my immediate supervisor or to the *Executive Director of Child Protection and Safe Environment.* If I am a priest, deacon or religious, I understand questions should be referred to the Secretary for Ministerial Leadership or the Delegate for Consecrated Life, whichever is appropriate to my situation.

I further understand that the Archdiocese of Washington reserves the right to change, modify and/or revise any part of this policy at any time.

Priest/Deacon/Religious:

Signature: _____

Name (please print clearly): _____

Parish/Assignment: _____

Date: _____

Please return this completed form to the Moderator of the Curia.

Employee/Volunteer:

Signature: _____

Name (please print clearly): _____

Parish/School/Agency: _____

Position: _____

Date: _____

This form is to be completed, signed and returned to the appropriate designated individual at the location at which you are employed or provide volunteer services. A copy of this completed form will be retained in a file on site. The original will be sent to the Archdiocesan Office of Human Resources or the appropriate Agency Human Resources Office.