

Roman Catholic Diocese of Syracuse

Diocesan Location: _____

Application for Volunteer Service

Note: This form is to be completed by any 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		Middle		Social Security No.		Date	
Is additional information relative to a name change or nickname necessary to check on your work records? If Yes, please explain:											
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 been an employee or volunteer at any Diocesan location, including in the Diocese of Syracuse? <input type="checkbox"/> Yes <input type="checkbox"/> No								Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, give details: _____								If not, state your age _____			

I am interested in volunteering: weekdays only, weekends only, Let's chat, my time is flexible

I am generally available mornings, afternoons, evenings Date available: _____

Area(s) of Interest Parish Life Catholic Schools Religious Education Youth Ministry Coaching Visiting the Sick

Liturgical Ministry Parish Committee/Leadership Other(s) _____

I am applying to do: 1) _____, 2) _____, 3) _____

I am interested in employment opportunities: Full-Time Part-Time

I am an U. S. Citizen or have the legal right to accept employment in the U.S. Yes No

Have you ever received Child and Youth Protection Training (when/where/by whom)? _____

Name and location of School		# Of Years/Credit hrs. completed	Minor/Major and Degree Received
High School		Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 (Month & Year) From To
Title		Reason for leaving
Duties		

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

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

Company/Organization Name		Phone ()
Address		When (Month & 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 No. () _____ - _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Phone No. () _____ - _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Phone No. () _____ - _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

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 action, for reasons relating 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 allegations(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 conviction, 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 *Diocese 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 *Diocese of Syracuse*. I understand that acceptance of an offer of 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: _____

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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 applicant successfully completing the criminal background check. References will be checked before accepting an applicant's volunteer service. Completed applications are to be received without delay by the Chair of the Safe Environment Committee, Diocese of Syracuse, P.O. Box 511, Syracuse, New York 13501.

Signature

Date

Name of location

(Area code) Telephone number