



ARCHDIOCESE OF BALTIMORE

(Under 18)

# APPLICATION FOR VOLUNTEER SERVICES

## I. CONTACT INFORMATION

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

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Suffix \_\_\_\_\_

Other Names Previously Used (if applicable) \_\_\_\_\_

Present Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_  Home  Work  Mobile  Other \_\_\_\_\_

Alternate Phone \_\_\_\_\_  Home  Work  Mobile  Other \_\_\_\_\_

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

If yes, how long? \_\_\_\_\_ Parish Name \_\_\_\_\_ City \_\_\_\_\_

## II. VOLUNTEER SERVICES

Parish  Child Care Facility  School  Other \_\_\_\_\_

Site Name: \_\_\_\_\_

What position(s) are you applying for? \_\_\_\_\_

What interests you about the position? \_\_\_\_\_

What has prepared you for the position for which you are currently applying? \_\_\_\_\_

## III. VOLUNTEER/WORK EXPERIENCE

Have you ever applied for or served as a volunteer or employee to 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 organization. (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?  Yes  No

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

**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** *(provide one in each category)*

*See attached*

REFERENCE NAME	ADDRESS (City, State, Zip)	DAYTIME PHONE	HOW LONG HAVE YOU'VE KNOWN THIS PERSON?	WHAT IS YOUR RELATIONSHIP TO THIS PERSON?
Personal* (see explanation below)				
Family Member/ Other Personal				
Professional/Civic				

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

**VI.B** *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 received and reviewed a copy of the *Code of Conduct for Church Personnel in the Archdiocese of Baltimore.*

I have received and 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 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) \_\_\_\_\_

Parish/School _____	Received by: _____
Date Received _____	Date Submitted _____
	Date Approved _____



# ARCHDIOCESE OF BALTIMORE REFERENCE CHECK FOR VOLUNTEERS

*Division of Human Resource Services*

## Written Reference

You may also wish to ask for written references. The following format is suggested:

\_\_\_\_\_ has applied to serve as \_\_\_\_\_ at St. Francis de Sales  
Volunteer's Name Role Name of Parish/School

The Archdiocese of Baltimore and St. Francis de Sales have a strong commitment to supporting  
Parish/School  
healthy ministry to children and youth. For this reason it is our policy to ask certain questions of all applicants for employment and volunteer work, and of the people whose names are provided as reference. Please check the appropriate response to the following questions.

1. To your knowledge, has the applicant ever been accused of, charged with, or convicted of child abuse?  
 Yes  No
2. To your knowledge, has the applicant ever been terminated from any volunteer service or employment due to suspected child abuse?  Yes  No
3. Are you aware of any reason why the applicant should not be placed in a position where he/she will be working with children and youth?  Yes  No
4. To your knowledge, is there any reason why applicant should not serve as a volunteer at St. Francis de Sales?  Yes  No  
Parish/School

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This reference must be signed and dated.

\_\_\_\_\_  
Name Relationship to Volunteer: Date

**PLEASE RETURN THIS FORM TO:**

Parish/School Name: **St. Francis de Sales Church**  
Attn: **1450 Abingdon Road**  
Address: **Abingdon, MD 21009**



ARCHDIOCESE OF BALTIMORE  
**REFERENCE CHECK** FOR VOLUNTEERS  
*Division of Human Resource Services*

#2

**Written Reference**

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Parish/School  
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4. To your knowledge, is there any reason why applicant should not serve as a volunteer at St. Francis de Sales?  Yes  No  
Parish/School

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This reference must be signed and dated.

\_\_\_\_\_  
Name Relationship to Volunteer: Date

**PLEASE RETURN THIS FORM TO:**

Parish/School Name:

Attn:  
 Address:

**St. Francis de Sales Church**  
**1450 Abingdon Road**  
**Abingdon, MD 21009**



ARCHDIOCESE OF BALTIMORE  
**REFERENCE CHECK** FOR VOLUNTEERS  
*Division of Human Resource Services*

#3

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Parish/School

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This reference must be signed and dated.

Name \_\_\_\_\_ Relationship to Volunteer: \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN THIS FORM TO:**

Parish/School Name:

Attn:

Address:

**St. Francis de Sales Church**  
 1450 Abingdon Road  
 Abingdon, MD 21009