



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 _____

() _____ Home Work Mobile Other _____

Primary Phone _____ Home Work Mobile Other _____

() _____ Home Work Mobile Other _____

Alternate Phone _____

Are you a member of a parish in the Diocese of Helena? 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 Diocese of Helena? 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. DIOCESAN POLICY

1. Have you ever had your volunteer services or employment terminated by any parish, school, or institution? Yes No

2. Have you been terminated from volunteer service or employment due to suspected child abuse? Yes No

3. 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: _____

Please complete both pages of this form.

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)*

REFERENCE NAME	ADDRESS (Street, City, State, Zip)	DAYTIME PHONE	HOW LONG HAVE YOU 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 Diocese, this reference must be applicant's most recent supervisor.*

VI. The Diocese of Helena 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 Diocese of Helena*.

I have received and reviewed a copy of *The Diocese of Helena Policy Regarding Abuse of Minors, Sexual Misconduct and Sexual Harassment*.

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 Diocese of Helena guidelines and policies for the program in which I am applying.

I understand that The Diocese of Helena takes all allegations of abuse seriously. I further understand that The Diocese of Helena 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 Diocese 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 _____