

VOLUNTEER SCREENING CONSENT and DISCLOSURE FORM

PLEASE PRINT

If necessary, please use additional paper to answer questions below

NAME: _____
 First Middle Last

GENDER: Male Female HEIGHT: _____ ' _____ " EYE COLOR: _____

RACE: Am. Indian/Alaskan Native Asian Black or African Am. Hispanic or Latino Pacific Islander White

OTHER (MAIDEN, SURNAME, ALIAS) NAME(S) USED: _____

CURRENT ADDRESS: _____

PRIOR ADDRESSES within the last 10 years: _____

PHONE #: _____ SS#: _____ DATE of BIRTH: _____

RELEASE AUTHORIZATION

1. In connection with my application and continuation as a Volunteer I understand the Entity named above (hereafter "Entity") or its designee will obtain information as to my possible criminal history, valid social security number and/or registration on any state's sex abuse registry from ADP Screening and Selection Services, 301 Remington St., Fort Collins, Co 80524 1-800-367-5933
2. I acknowledge that a telephonic facsimile (FAX) or photographic copy of this Release Statement shall be as valid as the original.
3. I hereby authorize, without reservation, any law enforcement agency, institution or information service bureau contacted by the Entity or its designee, to furnish the information requested by the Entity or its designee. I understand that the Roman Catholic Diocese of Rockville Centre, New York (the "Diocese") provides administrative services to the Entity and, in such capacity, is an entity for the purposes of this Release Statement.
4. I understand that information obtained in the reports may be used by the Entity in making a continued volunteer or employment decision. I further understand that failure to consent to the release of reports detailing a possible criminal background and a social security number validation will render me ineligible for consideration and, if hired, for continuing my status as a volunteer or employee with the Entity.

I understand that the information requested above is the information required by law enforcement agencies and other entities for positive identification purposes when checking public records. I understand that, to the extent such information is not public information, it is confidential and will not be used for any other purposes. I hereby release the Entity and the Diocese, and the Bishop thereof, and all of their employees and agents, and all persons, agencies, and entities providing information or reports about me, from any liability arising out of requests for or release of any of the above-mentioned information or reports.

SIGNATURE: _____ TODAY'S DATE: _____

THIS PAGE CONTAINS SENSITIVE INFORMATION TO BE KEPT ONLY IN SECURE FILES

Volunteer Service Request Form

Entity: _____

REQUEST

Please complete all this information, sign and date it. Please print.

Name _____ Home Phone #: _____
Last First Middle Cell Phone #: _____

Social Security Number: _____ Date of Birth _____

E-Mail Address: _____

Address _____
Street Location (Not PO Box)

For checking prior records, provide other names you have used: _____

Ministry or Ministries Requested: _____

How long have you been a member of our parish or school community? _____

Circle the days you can volunteer: M T W T F S S

List times you are available each day: _____

Have you previously volunteered for a church ministry? If YES, please list the date(s), parish or school name and location, and the ministry you performed.

List any training for church ministry you have received: _____

Have you ever been discharged from volunteering for any reason? Yes No

If Yes, please explain _____

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

If Yes, please explain _____

Do you currently use illegal drugs? Yes No

Are you aware of any situation that would affect your ability to serve as a volunteer? Yes No

If Yes, please explain _____

What level of education have you attained? <ES ES HS AA/AS BA/BS
 MA/MS >MA/MS

List foreign languages you know and indicate level of proficiency and fluency:

Speak: _____ Read: _____ Write: _____

What computer software do you know? _____

Typing _____ wpm Drivers License Type: Chauffeur Commercial Regular

Date

Signature of Volunteer

APPROVAL

FOR ADMINISTRATOR USE ONLY

Request to serve as a volunteer: Approved Denied

Approved Ministry _____ VL _____ Dept. ID _____

Start Date ____/____/____ Supervisor _____

Conditions: _____

Request Approved by: _____
Signature Date

Print Signer's Name and Title _____

PLEASE READ THE FOLLOWING CAREFULLY UPON APPROVAL OF YOUR REQUEST

1. I have read this entire form. I understand and agree to all of its contents. I certify that all answers given on this form are true and complete to the best of my knowledge, and I understand that falsification in any detail is grounds for disqualification from further consideration or for dismissal from any volunteer role with a parish, school or other entity.
2. I agree to inform the parish, school or other entity of any changes to the foregoing information.
3. I acknowledge receipt of the Diocesan Child Protection Policy, which consists of the Code of Pastoral Conduct and the Volunteer's Code of Conduct, agree to read it and be responsible to follow the policies and procedures it contains.
4. I understand that I must comply with the policies, rules and precepts of the entity I serve.

Date

Signature of Volunteer

FOR ADMINISTRATOR USE ONLY

- | | |
|---|---|
| <input type="checkbox"/> Screening Form Completed | <input type="checkbox"/> Child Protection Policy Provided |
| <input type="checkbox"/> Volunteer Entered into PayForce Database | <input type="checkbox"/> Screening Registered |

VIRTUS Training Scheduled: _____ VIRTUS Training Occurred: _____

Notes: _____

Volunteer's Code of Conduct

Our children are the most important gifts God has entrusted to us. As a volunteer, I promise to strictly follow the rules and guidelines in this Volunteer's Code of Conduct as a condition of my providing services to the children and youth of our [parish, school, facility, diocese, etc.].

As a volunteer, I will:

- Treat everyone with respect, loyalty, patience, integrity, courtesy, dignity, and consideration.
- Avoid situations where I am alone with children and/or youth at Church activities.
- Use positive reinforcement rather than criticism, competition, or comparison when working with children and/or youth.
- Refuse to accept expensive gifts from children and/or youth or their parents without prior written approval from the pastor or administrator.
- Refrain from giving expensive gifts to children and/or youth without prior written approval from the parents or guardian and the pastor or administrator.
- Report suspected abuse to the pastor, administrator, or appropriate supervisor and *the New York State Child Registry (1-800-342-3720)*. I understand that failure to report suspected abuse to civil authorities is, according to the law, a misdemeanor.
- Cooperate fully in any investigation of abuse of children and/or youth.

As a volunteer, I will not:

- Smoke or use tobacco products in the presence of children and/or youth.
- Use, possess, or be under the influence of alcohol at any time while volunteering.
- Use, possess, or be under the influence of illegal drugs at any time.
- Pose any health risk to children and/or youth (i.e., no fevers or other contagious situations).
- Strike, spank, shake, or slap children and/or youth.
- Humiliate, ridicule, threaten, or degrade children and/or youth.
- Touch a child and/or youth in a sexual or other inappropriate manner.
- Use any discipline that frightens or humiliates children and/or youth.
- Use profanity in the presence of children and/or youth.

I understand that as a volunteer working with children and/or youth, I am subject to a thorough background check including criminal history. I understand that any action inconsistent with this Code of Conduct or failure to take action mandated by this Code of Conduct may result in my removal as a volunteer with children and/or youth.

Volunteer's Signature

Date

Volunteer's Printed Name