

**Appendix "A" VOLUNTEER APPLICATION ARCHDIOCESE OF MIAMI**

Dear Volunteer:

Thank you for offering your time and talent to our parish/school. Volunteers such as yourself are indispensable to our programs.

We know you understand the need to make appropriate inquiries of those to whom the care of our young people is entrusted within the Church. Please supply the information requested below and return this form to your Director of Religious Education, your Youth Minister, Principal, or Administrator.

PLEASE PRINT

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_

Parish \_\_\_\_\_

RELIGIOUS INFORMATION

Parish

Baptism	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
First Communion	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Confirmation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

EDUCATION (Optional)

Elementary Completed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
High School Completed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
College	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Graduate Work	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Specialization _____		

DO YOU HAVE ANY HISTORY OF:

Alcohol or drug abuse	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mental Illness	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contagious Disease(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Problems with the Law

1. Have you ever been arrested?  Yes  No
2. Have you ever been accused of child neglect or abuse?  Yes  No
3. Has your driver's license ever been suspended or revoked?  Yes  No  
Probation  Yes  No

Please explain if any answer is "Yes": \_\_\_\_\_

**BACKGROUND QUESTIONS**

1. Has a criminal, civil or internal complaint to management or supervisors at places of employment/volunteering ever been filed against you which alleged sexual misconduct, harassment or child abuse by you, or your participation in or facilitation of such activities?

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 & title, the person(s) who investigated the complaint and the person who adjudicated the complaint.

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2. Do you presently serve, or have you ever served, as a volunteer for any organization, entity or group in which you had significant contact with children or other vulnerable populations (i.e. elderly, mentally or emotionally challenged, etc.)

Yes             No

If yes, please provide the name, address and telephone number of the organization; period of volunteer service, supervisor's name; and briefly describe your activities and/or duties.

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3. Have you ever terminated any employment or volunteer service or chosen not to renew or continue any employment or volunteer service or have you ever had employment/volunteer service terminated, or been subject to any disciplinary action against you 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 allegation(s); and the disposition of the matter(s). Also identify your employer and supervisor at the time by name, address and telephone number.

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4. Have you ever been convicted of a crime (other than a minor traffic violation)?

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.

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5. Have you ever been reprimanded, investigated, or dismissed from a position for grounds that include or involve immoral conduct, unprofessional conduct, unethical conduct, harassment, including sexual harassment, unfitness for service, etc.?

Yes       No

If yes, please explain incident, and provide name of supervisor, telephone numbers, dates, etc.

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6. Have you ever been a defendant in a civil action for an intentional tort, including but not limited to, assault, false imprisonment, rape, etc.?

Yes       No

**PRIOR EXPERIENCE WORKING WITH CHILDREN/YOUTH (Please check those that apply)**

Children (up to age 10)

Explain \_\_\_\_\_

Name, address and phone number of your Supervisor:

Youth (11-14) Explain \_\_\_\_\_

Name, address and phone number of your Supervisor:

Teens (15-18) Explain \_\_\_\_\_

Name, address and phone number of your Supervisor:

WHAT WOULD YOU SAY ARE YOUR STRONGEST GIFTS?

PLEASE DESCRIBE IN YOUR OWN WORDS WHAT PROMPTED YOU TO VOLUNTEER YOUR SERVICES WITH THIS PROGRAM.

The information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning me.

I authorize the Archdiocese of Miami, its employees and agents, to make inquiries, including criminal history, employment history and driving history. I hereby release and agree to hold harmless from liability any person(s) or organization, who, in good faith, provides information to complete a background investigation. I also agree to release and hold harmless the local parish, school, or other diocesan institution, the Archdiocese of Miami, the Archbishop, and the officers, employees and volunteers thereof from any present or future claim of any kind resulting from any alleged liability for conducting a background investigation which may include, but not limited to, criminal courts, state and county and national repositories of criminal records.

Under the penalties of perjury, I declare that I have read the foregoing, and the facts alleged are true to the best of my knowledge and belief.

Volunteer's Printed Name \_\_\_\_\_

Volunteer's Signature \_\_\_\_\_ Date \_\_\_\_\_