

ARCHDIOCESE OF SAN FRANCISCO

APPLICATION FORM

FOR PERSONS VOLUNTEERING TO WORK WITH CHILDREN AND YOUTH

Parish: _____

Please print clearly and complete the entire document. Once completed return it to the Parish Office. This form must be completed before you begin your work with children.

All information will remain confidential except as set forth herein.

Name _____ Home Phone _____

Home Address _____ Work Phone _____
(On a separate page, list all addresses at which you resided over the past five years)

City _____ Zip Code _____

Social Security # _____ (Confirmed with photo ID) _____

Date of Birth # _____ (Confirmed with photo ID) _____

(Additional/Optional) Driver's License Number # _____ (Confirmed with photo ID) _____

Mailing Address if different from above _____

List other names you use or are by which you are known _____

Volunteer ministry you wish to perform _____

Hours available _____ Day of the week available _____

Present Occupation _____

Employer/Business Name _____ Years employed _____

Employer/Business Address _____

Education completed _____

Certificates/Special Training _____

Previous experience working with children/youth in organizations, schools, parishes (Please list activity and name of organization, school, parish.)

Professionally _____

As a volunteer _____

Membership in organizations (Please list) _____

What other experiences have you had which would assist you in doing your ministry? (Please list)

References: Please list two references. Your references should be people who know your work and personal character.

| NAME | MAILING ADDRESS | PHONE |
|----------|-----------------|-------|
| 1. _____ | | |
| 2. _____ | | |

1. Are you addicted to alcohol, drugs or any illegal substance? _____Yes _____No
2. Have you ever been convicted of a crime? (other than minor traffic violations?) _____Yes _____No
3. Have you ever been convicted of child neglect, abuse or sexual misconduct? _____Yes _____No
4. Have you ever been suspended, dismissed or asked to resign a paid or volunteer position involving children? _____Yes _____No

If you answered "yes" to any of the above questions please explain:

Would you agree to undergo finger-printing if this were considered necessary? _____Yes _____No

I understand that the information I have provided may be verified, and used to evaluate my suitability for volunteer work, by contacting the persons, parishes or organizations named in this application, as well as, any agency (e.g. Department of Justice Child Molester Registry Program) authorized by law to provide criminal records or information to the Archdiocese. I hereby release and agree to hold harmless from liability any person, parish or organization that provides information. I also agree to hold harmless the parish, the Roman Catholic Archbishop of San Francisco, the Archdiocese, and the officers, directors, employees and volunteers thereof. I affirm the foregoing is true and correct to the best of my knowledge.

Signature of Applicant

Date

Print Name of Director/Supervisor of Program /Activity

Signature of Director/Supervisor of Program/Activity

Date