



MINOR VOLUNTEER APPLICATION ARCHDIOCESE OF ATLANTA (Unpaid Workers)

Parish/School/Agency Name:

Transfiguration
Catholic Church

Volunteer Profile

The climate in the United States at this point in history is such that a concern about potential liability is raised in every sector of American life, including the Church. This is coupled with a heightening awareness of a responsibility to ensure that those who act in the name of the Church would never violate basic Christian decency.

In order to protect the Church, those whom it serves and those who serve it, we ask you to complete the form below. A physical copy of each application for volunteer service will be kept on file for one (1) year following the termination of the volunteer's service, and an electronic copy of the application will be kept for fifty (50) years following the destruction of the physical document.

Name: _____
(Last) (First) (Middle Initial)

Address: _____
(Street) (City) (State) (Zip)

Home phone: (____) _____ Cell phone: (____) _____

Name of School: _____ E-mail address: _____

Date of Birth: ____/____/____ Social Security Number: XXXX - XX - _____

REFERENCES. Please provide the "School Reference for Minor Volunteers" form to your school Principal, Dean, or School Administrator to complete.

For Home School

Please list 3 non-family members who are familiar with your character

Name _____

Telephone _____

Verified on: _____ By: _____

Name _____

Telephone _____

Verified on: _____ By: _____

Name _____

Telephone _____

Verified on: _____ By: _____

PERSONAL INFORMATION

a. Have you ever been charged with, arrested for, or convicted of a crime other than a minor traffic violation? ___ Yes ___ No

If yes, explain fully the circumstances. (Such charge or conviction may be relevant if job related, but does not bar you from volunteering.)

b. Have you ever been the subject of an investigation involving an allegation of sexual abuse? ___ Yes ___ No
If yes, please explain:

c. Has a civil or criminal complaint ever been filed against you alleging physical abuse or sexual abuse? ___ Yes ___ No. If yes, give a short explanation of the complaint. (Please indicate the date, nature, and place of the incident leading to the complaint, where the complaint was filed, and the disposition of the complaint.)

d. Have you ever terminated your employment or had your employment terminated for reasons relating to allegations of physical abuse by you? ___ Yes ___ No
If yes, please give a short explanation of the allegations, the disposition of the allegations, and your employer at the time, including your employer's name, address and telephone number.

e. Have you ever received any medical treatment, physical or psychological, for reasons involving physical abuse or sexual abuse by you? ___ Yes ___ No
If yes, give a short description of the treatment, including date(s), nature and locations(s), identifying the treating physician with name, address, and telephone number

FOR PARISH/SCHOOL/AGENCY USE ONLY

INTERVIEWED

By: _____

Date: _____

POSITION ASSIGNED:

a. Have the reference been contacted?
___ Yes ___ No

By whom? _____

When? _____

Signature of Supervisor

Date

ACCEPTED:

Signature of Pastor

Date

X _____ X _____
Signature of Parent Date Signature of Minor Date



School Reference Form Instructions for Parents/Guardians



Dear Parent/Guardian,

Please print out following School Reference form and submit it to your child's school for completion. Before submitting the form to your child's school, please complete the information listed below:

- Applicant Name (Child's name)
- Parish/School/Agency Name and Address (where your child will be volunteering)
- Student Signature
- Parent/guardian Signature
- Date

Your child's school will need to complete the "Yes/No" questions and sign the form before returning it to the parish/school/agency where the child will be volunteering.

Instrucciones para Padres/Guardianes

Formulario de Referencia de la Escuela para Voluntarios Menores de Edad

Estimado Padre/Tutor Legal,

Por favor, imprimir y llenar el siguiente formulario de referencia para su hijo(a) y presentar el mismo a la escuela donde su hijo(a) asiste para que ellos terminen de dar la información que se les solicita. Antes de someter el formulario de su hijo(a) a la escuela, favor de completar la siguiente información en el formulario:

- Solicitante (nombre del niño(a))
- Nombre de la parroquia/escuela/Agencia y dirección (donde su hijo(a) va ser voluntariado)
- Firma de estudiante
- Firma del padre/tutor legal
- Fecha

La Escuela de su hijo(a) tendrá que completar las preguntas de "Sí /No" y firmar la forma antes de enviarla nuevamente a la parroquia/escuela/agencia donde su hijo (a) va ser voluntario.



School Reference Form Minor Volunteers



Dear Principal, Dean, or School Administrator,

_____ (“Applicant”), a student at your school, has volunteered to serve in a position of trust in which he/she may have direct contact with children. To ensure a safe environment in our churches, schools and facilities, The Catholic Archdiocese of Atlanta and Applicant together ask you to complete this confidential reference and return it within five business days to:

_____ Transfiguration Catholic Church
 _____ 1815 Blackwell Road
 _____ Marietta, GA 30066

(Please write your location’s name and return address below, E.g. St. Joseph, 123 Main St, Atlanta, GA 30303)

To the best of your knowledge:

- | | | YES | NO |
|---|--------------------------|--------------------------|--------------------------|
| 1. Is Applicant a student in good standing at your school? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has Applicant ever been the subject of an investigation involving an allegation of physical or sexual abuse or other abusive behavior? □ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has Applicant ever been disciplined for conduct involving physical or sexual abuse or other abusive behavior? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has Applicant ever been charged with, arrested for, or convicted of a crime other than a minor traffic violation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you know of any reason Applicant should not be placed in a position of trust to interact with or supervise children of the same or opposite sex? □ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you recommend Applicant for such a position? □ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

School Official’s Section

Print Name: _____ Position: _____

Signature: _____ Date: _____

Minor Volunteer’s Section

 Student Signature Print Name Date

 Parent Signature Print Name Date