

ARCHDIOCESE OF SAN FRANCISCO

APPLICATION FORM

FOR PERSONS VOLUNTEERING TO WORK WITH CHILDREN AND YOUTH
INTERMITTENTLY : REFERENCE CHECK

School: _____

Please print clearly and complete the entire document. Once completed return to the School Office. This form must be completed before you have contact with children.

All information will remain confidential except as set forth herein.

Name _____ Home Phone _____

Address _____ Work Phone _____

City _____ Zip _____

Date of Birth _____ (Confirmed with photo ID) _____

Mailing address if different from above _____

List other names you use or are known by _____

Volunteer activity 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.)

1. Professionally _____

2. As a volunteer _____

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

NAME	MAILING ADDRESS	PHONE
<hr/>		
<hr/>		

- 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:

I would 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 School, parish, the Roman Catholic Archbishop of San Francisco, The Roman Catholic Welfare Corporation, the Archdiocese of San Francisco, 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

Signature of Principal/Director/Supervisor of Program/Activity

Date