

MINOR VOLUNTEER APPLICATION

ARCHDIOCESE OF ATLANTA (Unpaid Workers) Saint Jude the Apostle 7171 Glenridge Dr Sandy Springs, GA 30328

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:	(Fir	st)	(Middle Initial)		
Address:					
(Street)		(City)	(State)	(Zip)	-
Home phone: ()		_ Cell phone	: ()		
Name of School:	E-mail address:				
Date of Birth:/	_/ So	ocial Security N	umber: <u>XXXX</u>	- <u>XX</u>	
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: Telephone Verified on: By: Telephone Telephone	 b. Have you ever been the subject of an investigation involving an allegation of sexual abuse?YesNo If yes, please explain: c. Has a civil or criminal complaint ever been filed against you alleging physical abuse or sexual abuse?YesNo. 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?YesNo 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?YesNo 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 Return Completed Form: Attn: Julia Acosta Mail: Saint Jude the Apostle Catholic Church 7171 Glenridge Drive Sandy Springs, GA 30328 Fax: 770-415-3567 			US INTERVIEWED By: Date: POSITION ASSIC a. Have the refe contacted?Yes By whom? When? Signatur ACCEPTED:	rence been
			D	ate	
x	X			·	

Signature of Parent