

## 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	<ul> <li>b. Have you ever been the subject of an investigation involving an allegation of sexual abuse?YesNo If yes, please explain:</li> <li>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.)</li> <li>d. Have you ever terminated your employment or had your employment terminated for reasons relating to allegations of physical abuse by you?YesNo</li> <li>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.</li> <li>e. Have you ever received any medical treatment, physical or psychological, for reasons involving physical abuse or sexual abuse by you?YesNo</li> <li>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</li> <li>Return Completed Form: Attn: Julia Acosta</li> <li>Mail: Saint Jude the Apostle Catholic Church 7171 Glenridge Drive Sandy Springs, GA 30328</li> <li>Fax: 770-415-3567</li> </ul>			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