



MINOR VOLUNTEER APPLICATION
ARCHDIOCESE OF ATLANTA
(Unpaid Workers)

Parish/School/Agency Name:
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: (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

Return Completed Form: Attn: Siobhan Finnegan

Mail: Saint Jude the Apostle Catholic Church 7171 Glenridge Drive Sandy Springs, GA 30328

Fax: 770-415-3567

Scan: E-mail to sfinnegan@judeatl.com

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 Signature of Parent Date X Signature of Minor Date