

Instructions for Completing Volunteer Application
Volunteer Level C

Thank you for your interest in becoming a volunteer at St. Mary Magdalene (StMM). We welcome all who come to us and appreciate your sharing your time and talent with our community of faith.

In order to create a safe environment for all of our children and youth, we screen all prospective volunteers, as required by the Diocese of Raleigh and the Safe Environment Team at St. Mary Magdalene Catholic Church and School. The attached application form is used for all Level C volunteers. These are volunteer positions that have unsupervised interaction with minors and require the deepest level of screening, including a Criminal and National Sex Offenders Registry Background Check.

Following are the requirements for a Level C volunteer:

- 1. Attend Safe Environment Training.**
 - StMM Training dates are posted on the Safe Environment website (<http://www.stmm.church/get-involved/safeenvironment.cfm>) as well as in the church e-news.
 - For training sessions offered at other Diocese of Raleigh churches: <https://dioceseofraleigh.org/events/Safe%20Environment%20Training>
- 2. Print and fill out the attached application - Diocese of Raleigh Application for Volunteer Service (Level C Volunteer).**
 - Return 1) via mail (St. Mary Magdalene; Attn: Safe Environment Team; 625 Magdala Place; Apex, NC 27502); 2) by dropping off at the Parish Office (M-F, 9am-noon); or 3) by scanning and emailing a softcopy to bsmith@stmm.net.
 - Don't forget to include your **email address, date of birth, and a copy of your Safe Environment Training Certificate (or, if attended SE training at StMM, just include training date).**
 - **School volunteers**, include a **\$7.00 check**, made **payable to StMM**, with your completed application **for the background check.**
 - If you have had a background check performed by StMM or another parish in the Diocese of Raleigh within the last five years, you do not need another one.
- 3. Obtain 3 written references using the reference forms provided.**
 - Print the reference forms that are provided below. The person providing the reference may return 1) via mail (St. Mary Magdalene; Attn: Safe Environment Team; 625 Magdala Place; Apex, NC 27502); 2) by dropping off at the Parish Office; or, 3) by scanning and emailing a softcopy to bsmith@stmm.net.

Once we receive the completed application and reference forms they will be processed and filed in a confidential manner. Volunteers will be contacted via email when they are approved to volunteer.

You may contact Bertha Smith, Safe Environment Coordinator, at bsmith@stmm.net or 657-4800, ext 7301 if you have any questions regarding the application process.

November 2018

Program for Child and Youth Protection

Dear Ministry Volunteer,

Thank you for your willingness to be a part of the ministry to children and youth. With your help, we will reach out to children and youth as we provide safe, welcoming environments where they can grow in their relationship with our Savior, Jesus Christ.

The first document is entitled, “Disclosure of Request for Consumer Report”. This is a required disclosure that we will be conducting a criminal background check on you for the purpose of screening those in ministry. It is the “separate writing” that is referenced in the “Declarations” section of the volunteer application. A “Consumer Report” refers to a background check of public records done by a third party under the Fair Credit Reporting Act.

The second document is the “Diocese of Raleigh Application for Volunteers”. This application is used for volunteers who work in leadership with minors. As you fill out this form please complete all items. This form gives us all the needed information to complete a confidential criminal background check and a search of the national child abuse registry.

On behalf of the Diocesan Safe Environment Committee and personally, thank you for your dedication to this effort. Working together, we will make a difference in the lives of our precious children. If I can be of any assistance to you and/or your parish, please contact me at the phone number or email address listed below.

Yours In Christ,
Dr. John Pendergrass
Director, Program of Child and Youth Protection
1-866-535-7233
safe@raldioc.org

FORM FOR LEVEL C VOLUNTEERS
DISCLOSURE OF REQUEST FOR CONSUMER REPORT

Volunteer's Name _____

In connection with your application for service as a volunteer, the Catholic Diocese of Raleigh (Diocese) may request and have prepared a Consumer Report about you that may be used to evaluate your eligibility to serve as a volunteer. I understand that a criminal background check will be conducted prior to and may be conducted during my service. I authorize investigations of all statements contained in the application.

The Consumer Report the Diocese will request about you will be limited to your criminal history. In order to complete this report, information may be requested from various federal, state, local and other agencies that may store or have access to such information about you.

I hereby acknowledge that I have been provided the foregoing Disclosure of Request for Consumer Report and have been allowed to keep a copy for my records.

Printed Name

Address _____ City _____

State _____ Zip code _____

Signature

Date



Diocese of Raleigh
St. Mary Magdalene Catholic Church & School

For Office Use:

eAppsDB User ID _____

Password _____

Application for Volunteer Service
Level C Volunteer

Main Application

Name: _____
 First Middle Last

Street Address: _____

City/State/Zip: _____

Length at current address: _____ Years _____ Months

Home Phone: _____
 Area Code Number

Work Phone: _____
 Area Code Number

Cell Phone: _____
 Area Code Number

Email Address: _____

Date Attended/Registered to Attend Safe Environment Training: ____/____/____

Volunteering at School _____ Church _____ Both _____

What ministry/position are you applying for? _____

What interests you about the position you are applying for?

What has prepared you for the position that you are applying for?

Residential History

If you have lived in your current residence for 7 or more years, please *do not* complete residential history.

Dates (mm/yyyy)	Street Address	City/State/Zip	Country
Beg. Date _____ End Date _____			
Beg. Date _____ End Date _____			
Beg. Date _____ End Date _____			

Volunteer History

_____ Check here if you have no volunteer history.

Volunteer history should include your most recent activities. If you are still participating in a volunteer program, end date will be current.

Dates (mm/yyyy) Start with most recent	Organization City, State, Zip	Contact	Contact Phone Number	Position/Duties
Beg. Date _____ End Date _____				
Beg. Date _____ End Date _____				

References Please give at least 3 references.

Reference Name First/Last	Address City, State, Zip	Daytime Phone	How long have you known this person?	Has this person agreed to be a reference?
Work				
Personal				
Personal				
Other				

Confidential Background Check Information

Please note: Information in this section is only used to obtain criminal records, which are reviewed by a diocesan official in strictest confidence.

1. _____ Yes _____ No Have you ever been convicted for physically, sexually, or emotionally abusing a child or an adult?

If yes, please explain: _____

2. _____ Yes _____ No Has a civil lawsuit or employment complaint ever been filed against you for child abuse or sexual abuse?

If yes, please explain: _____

3. _____ Yes _____ No Have you ever left an assignment or employment or been removed from an assignment or employment for reasons related to allegations of child abuse, physical abuse or sexual abuse?

If yes, please explain: _____

4. _____ Yes _____ No Have you changed your last name in the past 7 years?

If yes, what was your previous last name? _____

5. _____ Yes _____ No At any time during the past 7 years have you lived in a different state (within the United States) or do you currently live outside of North Carolina? (Per Residential History)

If yes, what state did you live in? _____

What are the last four (4) digits of your Social Security Number: ***-**- _____

OR what is your I-Tin Number: _____

Driver's License Number: State _____ Number: _____

Date of Birth: Month _____ Day _____ Year _____

Gender: Male _____ Female _____

Declarations

The **Catholic Diocese of Raleigh** appreciates your willingness to share your faith, gifts and skills. Providing safe and secure programs for our members is of utmost importance to us. The information gathered in this application is designed to help us provide the highest quality Catholic programs for the people of our community. Please read and initial each of the statements below.

- ___ I declare that all statements contained in this application are true and that any misrepresentation or omission is cause for rejection of my application or dismissal from my position. I understand and agree that false statements and/or omissions regarding past conduct and/or present situations may be grounds for denial of the application.
- ___ I have read and understand the **Code of Conduct for Church Personnel for the Diocese of Raleigh**. (Review the [Code of Conduct](#))
- ___ I agree to observe all of the **Catholic Diocese of Raleigh** guidelines and policies for the program in which I am applying, especially the **Code of Conduct for Church Personnel for the Diocese of Raleigh**. (Review the [Code of Conduct](#))
- ___ I understand that the **Catholic Diocese of Raleigh** has a ZERO TOLERANCE FOR ABUSE and takes all allegations of abuse seriously. I further understand that the **Catholic Diocese of Raleigh** cooperates fully with the authorities to investigate all cases of alleged abuse. Abuse of minors or vulnerable adults is grounds for immediate dismissal and possible criminal charges.
- ___ I understand that I can withdraw from the application process at any time.
- ___ I hereby authorize the **Catholic Diocese of Raleigh** to conduct a personal and professional background check for the purposes of my application at the **Catholic Diocese of Raleigh**. The **Catholic Diocese of Raleigh** may contact any references, past and current employers, church, youth organizations, agencies where volunteer service has been completed, and any individual or organization which might be relevant to my desired position. I hereby release all of the above stated persons from any and all liability for damages that might occur during the **Catholic Diocese of Raleigh's** contact with the individuals for purposes of employment or volunteer services. I understand and agree that information may be obtained from sources that I provided above and that this information will be held confidentially by the **Catholic Diocese of Raleigh**. I have also read and understood the above stated information within this release and am signing below of my own free will.
- ___ I hereby acknowledge that I have been notified in a separate writing that the Catholic Diocese of Raleigh may request a Consumer Report about me. I understand that the Consumer Report requested about me would be limited to a report of my criminal history. I further understand that in order to complete this report, information may be requested from various federal, state, local and other agencies that may store or have access to such information about me.
- ___ (This item allows institutions to forward their existing records. This is a standard disclaimer.) By my signature below, I authorize the **Catholic Diocese of Raleigh** to request and obtain a Consumer Report containing, without limitation, the above-described information in connection with my application. I also authorize, without reservation, any person, agency, or other entity contacted by or on behalf of the **Catholic Diocese of Raleigh** to furnish the above described or similar information. Also by my signature below, I waive any and all causes of action that I may have against the **Catholic Diocese of Raleigh** or any person, agency, or other entity providing information for inclusion in the Consumer Report for libel, slander, defamation, intentional or negligent infliction of emotional distress, or for any other injury of any kind or nature caused by the gathering or supplying of the above described or similar information. (Please Note: If you have no criminal record, the process is quick and unobtrusive. Every effort is made to assure a criminal record is not reported falsely).
- ___ I understand that a criminal background check will be conducted prior to and may be conducted during my service. I authorize investigations of all statements contained in the application.
- ___ My signature indicates that I have read and understand the above.

Do not sign until you have read and initialed the above statements.

Applicant Signature _____ Date: ____/____/____

Selected Sites

Please indicate the city and the name of the parishes/schools with which you would like this application to be registered.

City Where Parish is Located	Name of Parish/School

Safe Environment - Volunteer Reference Form

Please complete this form, sign, and return it to St. Mary Magdalene. Mail to: St. Mary Magdalene; Attn: Safe Environment Team; 625 Magdala Place; Apex, NC 27502 OR scan the completed form and email to bsmith@stmm.net. This reference form is confidential and will not be accessible to the applicant.

I am submitting this reference for _____

(First and Last Name)

who has offered to serve as a volunteer at St. Mary Magdalene.

How long have you known the individual listed above? _____ Years _____ Months

Have you seen him/her interact with children? _____ Yes _____ No

If yes, what were your observations? _____

Would you find this individual to be an asset to our community? _____ Yes _____ No

What admirable qualities can you share about this individual? _____

Do you perceive any limitations or areas where you would not recommend this individual to work with the youth of our parish and school? _____

Overall Evaluation: _____ Recommend with confidence _____ Recommend with reservation

_____ Recommend

_____ Not recommended

Thank you for your time and thank you for helping our community find outstanding people to work with our youth.

(Signature)

(Date)

(Print Name)

(Email Address and Phone Number)

Please return within seven days. Thank you.

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_____ Recommend _____ Not recommended

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(Signature)

(Date)

(Print Name)

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