

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.

- Per the Diocese of Raleigh, applications cannot be processed until you have attended Safe Environment Training.
- a. StMM Training sessions are currently being scheduled. Dates will be posted on the Safe Environment website (<http://www.stmm.net/church/about-us/safe-environment.cfm>) as well as in the church bulletin. For a list of training sessions being offered at other Diocese of Raleigh churches, please go to this website: <http://dioceseofraleigh.org/offices/child-and-youth-protection/calendar>.
-

2. Print and fill out the attached application - Diocese of Raleigh Application for Volunteer Service (Level C Volunteer).

- Print and complete this form and return via mail (St. Mary Magdalene; Attn: Safe Environment Team; 625 Magdala Place; Apex, NC 27502) or by placing in the Safe Environment mailbox located in the StMM School office.
- 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)**. We can't process your application without these pieces of information.
- 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.

- Print the reference forms that are provided below. Please ask the person providing the reference to return via mail (St. Mary Magdalene; Attn: Safe Environment Team; 625 Magdala Place; Apex, NC 27502) or by placing in the Safe Environment mailbox located in the StMM School office.

Once we receive the completed application and reference forms they will be reviewed 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 2015

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	
Street Address: _____		
City/State/Zip: _____		
City	State	
Length at current address: _____ Years _____ Months		
Home Phone: _____	Date of Birth (mm/dd/yyyy) ____/____/____	
Area Code		Number
Work Phone: _____		
Area Code	Number	
Cell Phone: _____		
Area Code	Number	
Email Address: _____		
Date Attended Safe Environment Training: ____/____/____		

Diocese of Raleigh Questionnaire	School _____ Church _____ Both _____
What 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

_____ Check here if you have lived in your current residence for longer than 7 years.

If you have lived in your current residence for 7 or more years, please do not complete residential history. You only need to check the box at top of this section.

Dates (mm/yyyy)	Street Address	City/State/Zip	Country
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 _____				
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				

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 at <http://dioceseofraleigh.org/sites/default/files/files/code-of-conduct.pdf>)

___ 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 at <http://dioceseofraleigh.org/sites/default/files/files/code-of-conduct.pdf>)

___ 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: ____ / ____ / ____

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.

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

If yes, please explain:

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

If yes, please explain:

_____ 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:

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

If yes, what was your previous last name? _____

_____ 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 the state this Diocese is located in?

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 _____

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

Volunteer Reference Form

The applicant must type or print his/her name and reference's information where indicated. Please give to your reference and ask him/her to complete and return to St. Mary Magdalene; Attn: Safe Environment Team; 625 Magdala Place; Apex, NC 27502. The letter of recommendation is confidential and will not be accessible to the applicant.

TO: _____
 (Reference name and address)

_____ (Reference phone number)

_____ (Reference e-mail)

RE: _____
 (Applicant's name)

Date: _____

The above-named individual has applied to work as a volunteer in our _____ ministry. Please complete this form, sign it, and return it to the Safe Environment Team. Thank you for your time and for helping our Church find superlative people to work with our children and youth.

How long have you known the applicant?

What is your judgment regarding the applicant's character?

Have you seen the applicant interact with children? What were your observations?

Would you find the applicant to be an asset to a ministry with children?

Do you perceive limitations or areas where you would not recommend the applicant?

	Superior Top 5%	Excellent Top 15%	Above Average Top 25%	Average Top 50%	Below Average Lower 50%	Unable to Rate
Leadership						
Motivation						
Ability to work with adults						
Ability to work with children						
Sensitivity to children's needs						
Cultural sensitivity						
Oral communication skills						
Written communication skills						
Planning skills/time management						
Personal integrity						

Recommend with confidence
 Recommend

Recommend with reservation
 Not recommended

Signature _____

Date _____

You may write any additional comments on the back or attach typewritten comments to this sheet.

Volunteer Reference Form

The applicant must type or print his/her name and reference's information where indicated. Please give to your reference and ask him/her to complete and return to St. Mary Magdalene; Attn: Safe Environment Team; 625 Magdala Place; Apex, NC 27502. The letter of recommendation is confidential and will not be accessible to the applicant.

TO: _____
(Reference name and address)

(Reference phone number)

(Reference e-mail)

RE: _____
(Applicant's name)

Date: _____

The above-named individual has applied to work as a volunteer in our _____ ministry. Please complete this form, sign it, and return it to the Safe Environment Team. Thank you for your time and for helping our Church find superlative people to work with our children and youth.

How long have you known the applicant?

What is your judgment regarding the applicant's character?

Have you seen the applicant interact with children? What were your observations?

Would you find the applicant to be an asset to a ministry with children?

Do you perceive limitations or areas where you would not recommend the applicant?

	Superior Top 5%	Excellent Top 15%	Above Average Top 25%	Average Top 50%	Below Average Lower 50%	Unable to Rate
Leadership						
Motivation						
Ability to work with adults						
Ability to work with children						
Sensitivity to children's needs						
Cultural sensitivity						
Oral communication skills						
Written communication skills						
Planning skills/time management						
Personal integrity						

___ Recommend with confidence
___ Recommend

___ Recommend with reservation
___ Not recommended

Signature _____

Date _____

You may write any additional comments on the back or attach typewritten comments to this sheet.

Volunteer Reference Form

The applicant must type or print his/her name and reference's information where indicated. Please give to your reference and ask him/her to complete and return to St. Mary Magdalene; Attn: Safe Environment Team; 625 Magdala Place; Apex, NC 27502. The letter of recommendation is confidential and will not be accessible to the applicant.

TO: _____
(Reference name and address)

_____ (Reference phone number)

_____ (Reference e-mail)

RE: _____
(Applicant's name)

Date: _____

The above-named individual has applied to work as a volunteer in our _____ ministry. Please complete this form, sign it, and return it to the Safe Environment Team. Thank you for your time and for helping our Church find superlative people to work with our children and youth.

How long have you known the applicant?

What is your judgment regarding the applicant's character?

Have you seen the applicant interact with children? What were your observations?

Would you find the applicant to be an asset to a ministry with children?

Do you perceive limitations or areas where you would not recommend the applicant?

	Superior Top 5%	Excellent Top 15%	Above Average Top 25%	Average Top 50%	Below Average Lower 50%	Unable to Rate
Leadership						
Motivation						
Ability to work with adults						
Ability to work with children						
Sensitivity to children's needs						
Cultural sensitivity						
Oral communication skills						
Written communication skills						
Planning skills/time management						
Personal integrity						

___ Recommend with confidence
___ Recommend

___ Recommend with reservation
___ Not recommended

Signature _____

Date _____

You may write any additional comments on the back or attach typewritten comments to this sheet.