

V. EDUCATION

Please list education, training and/or certifications received that are relevant to the position for which you are currently applying?

All volunteers with substantial contact with minors and/or those who are designated by the Responsible Administrator must complete Section VI.

VI. REFERENCES *(provide one in each category)*

REFERENCE NAME	ADDRESS (Street, City, State, Zip)	DAYTIME PHONE	HOW LONG HAVE YOU KNOWN THIS PERSON?	WHAT IS YOUR RELATIONSHIP TO THIS PERSON?
Personal* (see explanation below)		() ___ - ____		
Family Member/ Other Personal		() ___ - ____		
Professional/Civic		() ___ - ____		

**If previously volunteered or worked for Archdiocese, this reference must be applicant's most recent supervisor.*

VII. ***The Archdiocese of Baltimore appreciates your willingness to share your faith, gifts, and skills. Providing safe and secure programs is of utmost importance. The information gathered in this application is designed to help our parishes, schools, and institutions provide the highest quality Catholic programs for the people of our community.***

I have received and reviewed a copy of the *Code of Conduct for Church Personnel in the Archdiocese of Baltimore*.

I have received and reviewed a copy of *A Statement of Policy for the Protection of Children & Youth* of the Archdiocese of Baltimore.

I understand and agree that false statements and/or omissions regarding past conduct and/or present situations is cause for rejection of my application or dismissal from my volunteer service.

I agree to observe all of The Archdiocese of Baltimore guidelines and policies for the program in which I am applying.

I understand that The Archdiocese of Baltimore takes all allegations of abuse seriously. I further understand that The Archdiocese of Baltimore 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 hereby authorize the Archdiocese and the above named organization to conduct a personal and professional background check for the purpose of my application. They may contact references; past and current employers; churches, youth organizations, or agencies where I have provided volunteer service; and any other individual or organization that may have information relevant to my application.

I hereby release all of the above stated entities and their agents from any and all liability in connection with providing information, investigating or evaluating my application.

I waive any right that I may have to inspect any information provided about me in connection with this application.

I have read and understood the above stated information within this release and am signing below of my own free will.

Applicant Signature _____

Date (MM-DD-YY) _____

Parish/School _____	Received by: _____
Date Received _____	Date Submitted _____ Date Approved _____



ARCHDIOCESE OF BALTIMORE CONSENT FORM VOLUNTEER CRIMINAL HISTORY SCREENING

For purposes of evaluating your application for volunteer service or for employment purposes, the Archdiocese of Baltimore, its affiliates and/or agents may obtain a Consumer Report, as defined in the federal Fair Credit Reporting Act, from a consumer reporting agency. Depending upon the position for which you are applying, the consumer reporting agency may investigate, and the Reports may include information about your criminal background, employment history, educational background, including any such information maintained in all public records.

By signing this form, you are not giving consent to have a check of your financial history done.

AUTHORIZATION

I hereby authorize the Archdiocese of Baltimore, its affiliates and/or agents to procure a Consumer Report, as defined in the federal Fair Credit Reporting Act, about me for purposes of evaluating my application for volunteer service or for employment purposes.

By providing the information below, and by my voluntary signature, I hereby acknowledge that I have reviewed, understood, and agreed with, the above Criminal History Screening Consent and this Authorization.

 Last Name First Name Middle Name Suffix

 Other Name(s) Previously Used Social Security No. ____ - ____ - ____ Date of Birth

 Present Street Address

 City State Zip Code

X _____
 Applicant Signature Date(MM-DD-YYYY)

Have you applied for background screening elsewhere within the Archdiocese? Yes No

If so, which location(s): _____

<i>Office Use Only</i>			
Location No. _____	Received by: _____		
Date Received _____	Date Screened _____	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	