

**Diocese of Portland, Maine**

**Volunteer Application**

**Parish/School/Facility** \_\_\_\_\_ **Town/City** \_\_\_\_\_

**Accommodations to enable all individuals to participate in the application process will be provided upon advance request.**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long at current address: \_\_\_\_\_

Phone: Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Location/Address of Volunteer Service: \_\_\_\_\_ Volunteer Position: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What Parish do you belong to? \_\_\_\_\_ For how long? \_\_\_\_\_

Do you have a Valid Driver's License? If so: State \_\_\_\_\_ Number \_\_\_\_\_

Check here \_\_\_\_\_ if you have had a criminal records check with one of the Diocese of Portland's Catholic schools in the past five years. Enter date of last certification: \_\_\_\_\_

Check here \_\_\_\_\_ if you have had a criminal records check with one of the Maine public schools in the past five years. Enter date of last certification: \_\_\_\_\_

**(Note: Please attach a copy of your CHRC approval)**

Please list all your addresses in the past five years:  
2002)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever lived in a state other than Maine?  
If yes, please list states/dates (Ex: Ohio 1998-  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For what volunteer position are you applying?

\_\_\_\_\_

What interests you about the volunteer position for which you are currently applying?

\_\_\_\_\_

\_\_\_\_\_

What has prepared you for the volunteer position for which you are currently applying?

\_\_\_\_\_

\_\_\_\_\_

## Employment History

<b>Dates of employment (Start with most recent)</b>	<b>Company name and address (City, State Zip)</b>	<b>Immediate supervisor name and phone number</b>	<b>Position held</b>	<b>Reason for leaving position</b>
Started ____/____/____ Ended ____/____/____				
Started ____/____/____ Ended ____/____/____				
Started ____/____/____ Ended ____/____/____				

Revision Date: 08/15/06

<b>Educational History (or * Special Experience or Special Talents)</b>				
<b>Type of School</b>	<b>School name and address (City, State Zip)</b>	<b>Major/Degree</b>	<b>Did you graduate?</b>	<b>Number of Years Completed</b>
<b>High School</b>				
<b>College (Undergraduate)</b>				
<b>University (Graduate)</b>				
<b>Other</b>				
<b>* Other Special Experience or Special Talents:</b>				

<b>References</b>				
<b>Reference Name</b>	<b>Address (City, State, Zip)</b>	<b>Daytime Phone</b>	<b>How long have you known this person?</b>	<b>Has this person agreed to provide a reference?</b>
Professional/Civic				
Professional/Civic				
Personal				
Personal				
Family member				

Have you ever been accused of physically, sexually or emotionally abusing a child or an adult?  
 Yes/No\_\_\_\_\_If yes, please explain.

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Your willingness to share your faith, gifts and skills is appreciated. Providing safe and secure programs for our members is of utmost importance to us. The information gathered in this Volunteer Application is designed to help us provide the highest quality Catholic programs for the people of our community. **Please read each of the following statements carefully and initial each to indicate your understanding and agreement.**

\_\_\_\_\_ I hereby authorize the recipient of this Application, or its agent or designated vendor to conduct a personal and professional background and reference check. I hereby authorize such personnel to 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. Such individuals and organizations are authorized to release such information as may be requested. I hereby release all such persons from liability or damages incurred as a result of furnishing such information. I understand that an unsatisfactory reference shall be grounds both for rejecting my Application and, should I have already begun volunteer service, for termination of that service.

\_\_\_\_\_ I understand that a background check will be conducted in conjunction with my service and that I am subject to investigation at any time during my service. I hereby authorize Diocesan personnel, or their agent or designated vendor to, in their sole discretion, undertake such an investigation at any time during the course of my service. In the course of my service, these checks will include but are not limited to a comprehensive criminal history records check, a Department of Human Services check, a sex offender registry check, and driving record check in conjunction with my volunteer service.

\_\_\_\_\_ I agree to observe all Diocesan and Parish guidelines and policies governing my volunteer service.

\_\_\_\_\_ I understand that the Diocese and Parish have a "ZERO TOLERANCE FOR ABUSE" policy and take all allegations of abuse seriously. I further understand that they will cooperate fully with the authorities to investigate all cases of alleged abuse. Abuse of minors or vulnerable adults are grounds for immediate termination of my service and possible criminal prosecution.

\_\_\_\_\_ I understand that I can withdraw from the application process at any time.

After reading all of the terms of this Application, I hereby affirm that I understand and agree to the provisions of the same. I also agree that my volunteer service with the Diocese and the Parish is on an "at-will" basis, meaning that such may be permanently discontinued by either the Diocese or the Parish (through termination of my service) or myself (through voluntarily resigning) at any time without notice and without any recourse of any kind by either party. I agree to conform to Diocese or Parish rules and I also agree that I shall be subject to other conditions which the Diocese or Parish may adopt. I affirm that the information in this Application is true and complete, and any intentional deception herein may be considered sufficient cause for termination.

My signature below indicates that I have read and understand all of the above. **Do not sign until you have read, understood, and initialed your agreement to each of the above statements.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Revision Date: 08/15/06**