



adults.

6. Please provide at least two professional references that we may contact. Ideally at least one of these would come from a previous volunteer leadership position.

a. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

b. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

7. Please describe prior volunteer experiences within the previous 5 years. (Attach additional sheets if needed.)

a. Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Street Address City County State Zip

Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Volunteer Position: \_\_\_\_\_ From (Mo. /Yr.) \_\_\_\_\_ To (Mo. /Yr.) \_\_\_\_\_

Duties: \_\_\_\_\_

b. Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Street Address City County State Zip

Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Volunteer Position: \_\_\_\_\_ From (Mo. /Yr.) \_\_\_\_\_ To (Mo. /Yr.) \_\_\_\_\_

Duties: \_\_\_\_\_

8. **Misconduct Questions.** These will be cross-referenced with the results of your background check.

1) Do you have a criminal history (except minor traffic offenses)?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when and please explain in detail: \_\_\_\_\_

2) Have you ever been the subject of a criminal investigation involving an allegation of sexual abuse?  
\_\_\_\_\_Yes \_\_\_\_\_No

If yes, when, and please explain in detail, including how the matter was resolved: \_\_\_\_\_

3) Has a civil or criminal complaint ever been filed against you alleging physical abuse or sexual abuse?  
\_\_\_\_\_Yes \_\_\_\_\_No

If yes, when, and please explain in detail, including how the matter was resolved: \_\_\_\_\_

4) Have you ever failed to report sexual abuse as required by law or policy? Please note that all volunteers in the Archdiocese are considered mandated reporters.  
\_\_\_\_\_Yes \_\_\_\_\_No

If yes, when, and please explain in detail, including how the matter was resolved: \_\_\_\_\_

5) Has your employment ever been terminated or have you been disciplined for reasons relating to allegations of inappropriate conduct with minors, child abuse, or sexual misconduct of any kind?  
\_\_\_\_\_Yes \_\_\_\_\_No

If yes, when, and please explain in detail, including how the matter was resolved: \_\_\_\_\_

8. I agree to observe all of the Parish/School/Archdiocese guidelines and policies applicable to my volunteer service.

The information provided on this form is correct to the best of my knowledge. I understand that not answering the above questions truthfully and completely is grounds for rejection of my application or dismissal from the volunteer position.

I understand that in signing this document, I authorize verification of this information through communication with any person or organization noted herein. With regard to the verification of information process, I release from liability Church of the Ascension and/or Ascension Catholic Academy, and the Archdiocese of Saint Paul and Minneapolis, as well as any person or organization which provides such information, so long as all parties acted in good faith and without malicious intent.

I understand that policies are in place to maintain a safe environment for all employees, participants and volunteers, and I promise to faithfully follow all such policies.

Signature \_\_\_\_\_ Date \_\_\_\_\_