## CHURCH OF THE ASCENSION ASCENSION CATHOLIC ACADEMY

Ascension School Campus\_\_\_\_ Pope John Paul II Campus\_\_\_ St Peter Claver Campus\_\_\_ St Pascal's Regional Catholic School\_\_\_

New Volunteer \_\_ Returning Volunteer \_\_ Parent/Family\_\_

## **VOLUNTEER APPLICATION AND INFORMATION**

This form is meant to serve as an information resource for parishes and Catholic schools in the Archdiocese. It will not be submitted as part of the background check process to the McDowell Agency. All volunteers who have regular or unsupervised interaction with minors or vulnerable adults must return a completed form to their parish or Catholic school *prior to beginning volunteer responsibilities*.

ivanic.					
	Last	First	Middle		
Address:					
	Street Address				
	City	State			
	•		_		
Business	Phone:	_ Home Phone:			
Email Ad	ldress:				
Voluntee	r Role Interest:(please complete)				
What inte	erested you in this position?				
within the vulnerabl order to p positions	ou for your interest in volunteering at <u>Church</u> as Archdiocese of St. Paul & Minneapolis. We lee adults. We know that as a volunteer you horotect the most vulnerable among us, as wel involving minors or vulnerable adults answering the properties of the properties	e appreciate your willingness to valve the highest concern for those as our employees and volunteers or the following questions.	work with our minors and/or to whom you are ministering. In s, we ask that all volunteers in		
	have been associated with <u>Church of the As</u> t names and addresses of other churches you		lic Academy for less than five		
3. Are yo	ou age 18 or older? (circle one)  Yes	No			

4. Do you have family members who participate in the program for which you are volunteering? (circle one) Yes No

			ences that we m	ay contact. Ideally at least or	ne of these w	ould come f
a pre	vious voluntee	r leadership position.				
a.	Name:			Phone Number:		
	Relationship	:				
b.	Name:			Phone Number:		
	Relationship	:				
Pleas	e describe prio	or volunteer experiences v	vithin the previo	us 5 years. (Attach additiona	al sheets if ne	eeded.)
	_	-	-			
	Address:					
		Street Address	City	County	State	Zip
	Supervisor:			Phone Number:		
	Volunteer Po	osition:		From (Mo. /Yr.)	To (Mo.	/Yr.)
	Duties:					
b.	Organization	n:				
	Address:					
		Street Address	City	County	State	Zip
	-			Phone Number:		
	Volunteer Po	osition:		From (Mo. /Yr.)	To (Mo.	/Yr.)
	Duties:					
/lice	onduct Quest	ions. These will be cross-	referenced with	the results of your backgrou	nd check.	
VIISC				offenses)?		

	YesNo
If yes,	when, and please explain in detail, including how the matter was resolved:
3) Ha	as a civil or criminal complaint ever been filed against you alleging physical abuse or sexual abuse?YesNo
If yes,	when, and please explain in detail, including how the matter was resolved:
	ave you ever failed to report sexual abuse as required by law or policy? Please note that all volunteers i rchdiocese are considered mandated reporters. YesNo
If yes,	when, and please explain in detail, including how the matter was resolved:
ina	as your employment ever been terminated or have you been disciplined for reasons relating to allegation appropriate conduct with minors, child abuse, or sexual misconduct of any kind? YesNo  when, and please explain in detail, including how the matter was resolved:
agree to	observe all of the Parish/School/Archdiocese guidelines and policies applicable to my volunteer service
	tion provided on this form is correct to the best of my knowledge. I understand that not answering the authfully and completely is grounds for rejection of my application or dismissal from the volunteer position.
on or org ech of th	that in signing this document, I authorize verification of this information through communication with ganization noted herein. With regard to the verification of information process, I release from liability the Ascension and/or Ascension Catholic Academy, and the Archdiocese of Saint Paul and Minneapolis, person or organization which provides such information, so long as all parties acted in good faith and watent.
	that policies are in place to maintain a safe environment for all employees, participants and volunteers aithfully follow all such policies.
ature	Date