

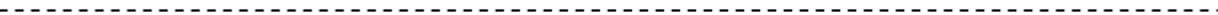
VOLUNTEER PROFILE
“Unpaid Employees”
Diocese of Charlotte

Volunteer Profile

This form is to be used when the volunteer position involves providing unsupervised counseling or ministry with minors, the incapacitated or the very elderly. No other application for volunteer service is authorized for use in the Diocese of Charlotte. Applications for volunteer service must be kept on file after termination of volunteer service.

The climate in the United States at this point in history is such that a concern about potential liability is raised in every sector of American life, including the Church. This is coupled with a heightening awareness of a responsibility to ensure that those who act in the Church’s name would never violate basic Christian decency.

In order to protect the Church, those whom it serves and those who serve it, we ask you to complete the form below.



Diocese of Charlotte VOLUNTEER PROFILE

NAME _____
(Last) (First) (Middle Initial)

ADDRESS _____
(Street) (City) (State) (Zip)

TELEPHONE () _____ () _____
(Home) (Work) (Social Security Number)

Time Commitment Desired: ____ Full Time ____ Part Time ____ Temporary ____ Education Co-op



A. PERSONAL INFORMATION

1. Have you ever been charged with, arrested for, or convicted of a crime other than a minor traffic violation? If so, explain fully the circumstances. (Such charge or conviction may be relevant if job related, but does not bar you from volunteering.)

2. Have you ever been the subject of an investigation involving an allegation of sexual abuse?
 YES ____ NO _____. If yes, please explain:

3. Has a civil or criminal complaint ever been filed against you alleging, physical abuse or sexual abuse by you? YES ____ NO _____. If yes, give a short explanation of the complaint. (Please indicate the date, nature, and place of the incident leading to complaint, where the complaint was filed, and the disposition of the complaint.)

4. Have you ever terminated your employment or had your employment terminated for reasons relating to allegations of physical abuse or sexual abuse by you? YES ___ NO ___. If yes, please give a short explanation of the allegations, the disposition of the allegations, and your employer at the time, including your employer's name, address and telephone number.

5. Have you ever received any medical treatment, physical or psychological, for reasons involving physical abuse or sexual abuse by you? YES ___ NO ___. If yes, give a short description of the treatment, including date(s), nature and location(s), identifying the treating physician with name, address and telephone number.

B. **VOLUNTEER HISTORY** Please list your last three volunteer activities, starting with the most recent.

C. **PERSONAL REFERENCES**

Please list the name, address and telephone number of three individuals who are sufficiently familiar with you to provide a character reference.

(Name) (Address) (Telephone)

(Name) (Address) (Telephone)

(Name) (Address) (Telephone)

Signature of Volunteer Applicant

Date

FOR OFFICIAL USE ONLY	
INTERVIEWED BY: _____	DATE _____
POSITION ASSIGNED: _____	
Is the position to which the volunteer has been assigned one that requires that references be contacted?	
YES _____	NO _____
If yes, have the references been contacted?	
YES _____	NO _____
_____ Signature and Title of Supervisor	