	☐ Br.	☐ Deacon	\square Dr.	\square Mr.	\square Ms.	☐ Mrs.	J Rev.	☐ Sr.
Last Name			First Nan	пе				Suffix
Other Names Previousl	y Used (if app	licable)						
Present Street Address								
City			(State			Zip	
() Primary Phone			☐ Home	□ Work	☐ Mobile	☐ Other_		
() Alternate Phone			☐ Home	□ Work	☐ Mobile	Other_		
Are you a member of	a parish in tl	ne Archdiocese o	f Baltimore?	☐ Yes ☐ No	0			
If yes, how long?		Parish Nan	ne			City		
II. VOLUI	NTEER	SERV/ICI	=					
				C Oth on				
	Child Care F	acility	□ School					
What position(s) are y								
What interests you abo								
What has prepared yo	=							
III. VOLU	NTEER	/Work	EXPER	JENCE				
						:		
Have vou ever applied	for or served	l as a volunteer o	or employee to	any parish, sc	hool, or institut	ion within the		
Have you ever applied Archdiocese of Baltim					•			
Archdiocese of Baltim Please list your volunt	ore? 🏻 Yes teer/work exp	oerience with ch	s, which locati	on(s)?				
Archdiocese of Baltim Please list your volunt (Attach additional sh	ore? 🏻 Yes teer/work exp	oerience with characteristic if necessary).	s, which locati urch/civic/non	on(s)? i-profit organiz	ration.		PHONE	
Archdiocese of Baltim Please list your volunt	ore? 🏻 Yes teer/work exp	oerience with ch	s, which locati urch/civic/non	on(s)?			PHONE	
Archdiocese of Baltim Please list your volunt (Attach additional sh	ore? 🏻 Yes teer/work exp	oerience with characteristic if necessary).	s, which locati urch/civic/non	on(s)? i-profit organiz	ration.		PHONE	
Archdiocese of Baltim Please list your volunt (Attach additional sh	ore? 🏻 Yes teer/work exp	oerience with characteristic if necessary).	s, which locati urch/civic/non	on(s)? i-profit organiz	ration.		PHONE	
Archdiocese of Baltim Please list your volun (Attach additional sh ORGANIZATION	ore?	or □ No If yesterience with characteristic if necessary). DUTIES	s, which locati	on(s)? i-profit organiz	ration.		PHONE	
Archdiocese of Baltim Please list your volun (Attach additional sh ORGANIZATION	ore?	oerience with characteristic if necessary).	s, which locati	on(s)? i-profit organiz	ration.		PHONE	
Archdiocese of Baltim Please list your volun (Attach additional sh ORGANIZATION	ore?	No If ye perience with characteristic with cha	s, which locati	on(s)?	cation. CONTAC	or institution?	☐ Yes [□ No

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				
		() <u> </u>		

^{*}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		
Date Received	_ Date Submitted	Date Approved