

VOLUNTEER PROFILE

Diocese of Charlotte



Volunteer Profile

This form is to be used for all volunteer positions. 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.

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Diocese of Charlotte VOLUNTEER PROFILE

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

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

TELEPHONE _____
(Home) (Work) (Cell)

EMAIL ADDRESS _____

TIMES AND DAYS AVAILABLE _____

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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 (other than Pastor or Principal) who are sufficiently familiar with you to provide a character reference.

(Name)	(Address)	(Telephone)
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(Name)	(Address)	(Telephone)
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(Name)	(Address)	(Telephone)
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Signature of Volunteer Applicant

Date

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IMPORTANT – Additional Volunteer Requirements

All volunteers must attend a **Protecting God's Children** workshop. Preregistration is required. You can sign-up online at www.virtus.org. After completing the registration for a Virtus account, you will be asked to acknowledge receipt of other required notices and to choose a date for your workshop. You will then be prompted to enter the necessary information and sign off on a required background release form. It is important that you select the appropriate diocesan location when you register. Please select **St. Matthew Church**.

Will you be driving for your ministry? The diocesan Properties & Risk Management Department requires all drivers to complete an Approved Driver's form and await diocesan approval before driving on behalf of the parish. Please contact Lisa Hornung, the St. Matthew Safe Environment Coordinator at (704)543-7677 ext. 1016 or lisah@stmatthewcatholic.org, to complete this process.

Thank you helping us to protect the children and vulnerable people of our faith community.