



**Catholic Charities  
of the Diocese of Raleigh**

**Catholic Charities of the Diocese of Raleigh, Inc.  
7200 Stonehenge Drive  
Raleigh, North Carolina 27613-1620  
(919) 821-9750  
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Providing Help—Creating Hope—Serving All

**CHECK LIST FOR VOLUNTEERS – LEVEL A AND LEVEL B**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

Catholic Charities Location: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Days Will Be Working: \_\_\_\_\_

<b>TO BE COMPLETED BEFORE AN INTERN CAN BENIG AT ANY SITE</b>	
1. Application for Intern Service (Part A and Part B)	
2. Confidentiality Agreement	

Level of Interaction with Children and Youth	Level of Screening/Training
<p><b>Remote or Occasional Interaction – LEVEL A</b>  <b>Remote:</b> an adult <b>volunteer</b> who volunteers at a Catholic Charities Office/parish/school sponsored event or program primarily for children or youth, but would have little to no contact with them  <b>Examples:</b> fundraising event, committee member, parking lot volunteer, audio-visual volunteer, religious education office helper</p> <p><b>Occasional:</b> an adult <b>volunteer</b> who volunteers at a Catholic Charities Office/parish/school sponsored event or program primarily for children or youth, but would have brief, limited, or infrequent interaction (about 3 or fewer times per year) with them  <b>Examples:</b> food pantry volunteer, front desk receptionist, parent classroom visitor/helper, arts and crafts volunteer, ticket taker, school board members</p>	<p><b>Application – Part A</b></p>
<p><b>Supervised Interaction - LEVEL B</b>  <b>Supervised:</b> an adult <b>volunteer/intern</b> who volunteers at a Catholic Charities Office/parish/school sponsored event or program primarily for children or youth who would have regular and frequent interaction, but in a supervised capacity  <b>Examples:</b> Family support, emergency assistance volunteer, clothing closet, parenting class, classroom aide/helper, lunch and playground helpers, young adult volunteers who are not legally chaperones but not legally youth either (18-21 year olds)</p>	<p><b>Application – Parts A and B</b>  References checked</p> <p>Agree to abide by the Code of Conduct</p>
<p><b>Unsupervised Interaction(and all employees) - LEVEL C</b>  <b>Unsupervised:</b> an adult <b>volunteer/intern</b> who volunteers at a Catholic Charities Office/parish/school sponsored event or program primarily for children or youth who would have regular and frequent unsupervised interaction, or supervises adult volunteers who interact with children and youth  <b>Examples:</b> Clinical internship, Smart Start class, childcare, summer camp volunteer, coordinator of Youth Ministry. Chaperones for overnight events, Scout Troop Leaders, Catechists for Children and Youth, DRE’s, Tutors, Nursery Staff</p> <p>Level C volunteers/interns should attend safe environment training prior to beginning their role.</p> <p>All employees are Level C and have 60 days from date of hire to complete safe environment training.</p>	<p><b>Application for Level C</b>  References checked</p> <p>Agree to abide by the Code of Conduct</p> <p>Required to attend Safe Environment Training</p>

**Components of the Volunteer/Intern Application Form:**

**Level A**

Personal information  
Sex Abuse Declarations

**Level B (plus all of A)**

Volunteer History  
References  
Declarations

**Level C volunteers/interns (and all employees)**

Personal information  
Sex Abuse Declarations  
Volunteer History  
References (Verified by local site)  
Declarations  
Background screening includes:  
National Criminal Records Search  
National Sex Offender’s Registry Search

*\*If a person is registered on the state or national sex offender registry, they shall not be granted level A, B or C clearance.*

**CATHOLIC CHARITIES OF THE DIOCESE OF RALEIGH**

**Application for Volunteer Service**

**Volunteers – consult with your supervisor as to which sections to complete**

**Part A – remote or occasional volunteers / Parts A & B – supervised volunteers**

**Part A**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Evening Phone \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ phone \_\_\_\_\_  
Work Location: \_\_\_\_\_

Has a civil lawsuit or employment complaint ever been filed against you for child abuse or sexual abuse? \_\_\_\_\_

If yes, give details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a crime related to child abuse or sexual abuse? \_\_\_\_\_

If yes, give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever left an assignment or employment or been removed from an assignment or employment for reasons related to allegations of child abuse, physical abuse or sexual abuse? \_\_\_\_\_

If yes, give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that in signing this Personal Information Sheet, I affirm that the information I have given is true and correct.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**CATHOLIC CHARITIES OF THE DIOCESE OF RALEIGH**

**Application for Volunteer Service**

**Page 2**

**Part B – to be completed along with Part A for all “B” level volunteers**

**Volunteer Experience** – Please list your volunteer experiences with other churches, civic or non-profit organizations (use additional pages if needed).

<b>Organization</b>	<b>Volunteer Duties</b>	<b>Dates of Service</b>	<b>Contact(s)/Supervisor</b>	<b>Phone Number</b>

**References** - List at least three personal references that could attest to your character and leadership abilities. These people should know that you have applied as a volunteer and that you have named them as a reference.

<b>Name of Reference</b>	<b>Relationship To Volunteer</b>	<b>Address</b>	<b>Phone Number</b>	<b>e-mail address</b>
work/civic				
work/civic				
Personal				
Personal				
Other				

**Part B continued on next page**

**CATHOLIC CHARITIES OF THE DIOCESE OF RALEIGH**

**Application for Volunteer Service**

**Page 3 - Part B (cont'd)**

**Declarations**

Catholic Charities of the Diocese of Raleigh appreciates your willingness to share your faith, gifts, and skills. Providing safe and secure programs for our members is of utmost importance to us. The information gathered in this application is designed to help us provide the highest quality Catholic programs for the people of our community. Please read and initial the statements below:

\_\_\_\_\_ I declare that all statements contained in this application are true and that any misrepresentation or omission is cause for rejection of my application or dismissal from my position.

\_\_\_\_\_ I will observe and uphold all policies and procedures for **Catholic Charities of the Diocese of Raleigh** and for the program in which I am applying, the Code of Conduct for Church Personnel for the Diocese of Raleigh.

\_\_\_\_\_ I have read the Code of Conduct for Church Personnel for the Diocese of Raleigh.

\_\_\_\_\_ I understand that **Catholic Charities of the Diocese of Raleigh** has a ZERO TOLERANCE FOR ABUSE and takes all allegations of abuse seriously. I further understand that **Catholic Charities of the Diocese of Raleigh** 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 understand I can withdraw from the application process at any time.

\_\_\_\_\_ I understand and agree that false statements and/or omissions regarding past conduct and/or present situations may be grounds for denial of the application to provide volunteer services.

\_\_\_\_\_ I hereby authorize **Catholic Charities of the Diocese of Raleigh** to conduct a personal and professional background check for the purposes of my application. **Catholic Charities of the Diocese of Raleigh** may contact any references, past and current employer, church, youth organizations, agencies where volunteer service has been performed, and any individual or organization which might be relevant to my desired position. I hereby release all of the above stated persons from any and all liability for damages that might occur during **Catholic Charities of the Diocese of Raleigh's** contact with the individuals for purposes of employment or volunteer services. I understand and agree that information may be obtained from sources that I provided above and that this information will be held confidentially by **Catholic Charities of the Diocese of Raleigh** and not revealed to me. I have also read and understood the above stated information within the release and am signing below of my own free will.

\_\_\_\_\_ My signature indicates that I have read and understand the above.

Do not sign until you have read and initialed the above statements.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_



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## **CONFIDENTIALITY AGREEMENT FOR VOLUNTEERS AND INTERNS**

I, the undersigned, hereby agree that I will not at any time, during my volunteer/intern service or after my service or association ends, access or use protected health information, or reveal or disclose to any persons within or outside of Catholic Charities of the Diocese of Raleigh, Inc., any protected health information except as may be required in the course of my duties and responsibilities and in accordance with applicable local, state or federal laws governing proper release of information.

I also understand that unauthorized use or disclosure of protected health information will result in disciplinary action up to and including termination of volunteer/intern service or association and the possible imposition of fines pursuant to applicable state and federal laws.

Protected Health Information is “individually identifiable health information including, without limitation, all information, data, documentation, and materials, including without limitation, demographic, medical, and financial information, that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual.”

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Date

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Volunteer/Intern Signature