



**Catholic Charities
of the Diocese of Raleigh**

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

CHECK LIST FOR VOLUNTEERS – LEVEL C

Name: _____ Phone #: _____

Address: _____ City: _____ State: _____ ZIP _____

Catholic Charities Location: _____

Supervisor: _____

Responsibilities: _____

Days Will Be Working: _____

TO BE COMPLETED BEFORE A BACKGROUND CHECK CAN BE DONE (And before an intern can begin at any site)	
1. Application for Intern Service (Level C)	
2. Disclosure of Request for Consumer Report	
3. ADMINISTRATION - Background Check Completed	
ADDITIONAL REQUIREMENTS	
1. Confidentiality Agreement	
2. Attendance at Safe Environment Training (Level C volunteers should attend safe environment training prior to beginning their role. Please indicate the date attended or plan to attend and send copy of certification. Here is the link to the Safe Environment Training Calendar: http://dioceseofraleigh.org/offices/child-and-youth-protection/calendar)	

Level of Interaction with Children and Youth	Level of Screening/Training
<p>Remote or Occasional Interaction – LEVEL A Remote: an adult volunteer 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 Examples: fundraising event, committee member, parking lot volunteer, audio-visual volunteer, religious education office helper</p> <p>Occasional: an adult volunteer 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 Examples: food pantry volunteer, front desk receptionist, parent classroom visitor/helper, arts and crafts volunteer, ticket taker, school board members</p>	<p>Application – Part A</p>
<p>Supervised Interaction - LEVEL B Supervised: an adult volunteer/intern 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 Examples: 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>Application – Parts A and B References checked</p> <p>Agree to abide by the Code of Conduct</p>
<p>Unsupervised Interaction(and all employees) - LEVEL C Unsupervised: an adult volunteer/intern 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 Examples: 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>Application for Level C 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.*

Residential History

_____ Check here if you have lived in your current residence for longer than 7 years.

If you have lived in your current residence for 7 or more years, please do not complete residential history. You only need to check the box at top of this section.

Dates (mm/yyyy)	Street Address	City/State/Zip	Country
Beg. Date _____ End Date _____			
Beg. Date _____ End Date _____			

Volunteer History

_____ Check here if you have no volunteer history.

Volunteer history should include 7 of your most recent activities. If you are still participating in a volunteer program, end date will be current.

Dates (mm/yyyy) (Start with most recent)	Organization City, State, Zip	Contact	Contact Phone Number	Position/Duties
Beg. Date _____ End Date _____				
Beg. Date _____ End Date _____				
Beg. Date _____ End Date _____				

References

Please give at least 3 references.

Reference Name First/Last	Address City, State, Zip	Daytime Phone	How long have you known this person?	Has this person agreed to be a reference?
Work				
Personal				
Personal				
Other				

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 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 intern services.
- _____ 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 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 hereby authorize **Catholic Charities of the Diocese of Raleigh** to conduct a personal and Professional background check for the purposes of my application at **Catholic Charities of the Diocese of Raleigh**. **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 all 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**. I have also read and understood the above stated information within the release and am signing below of my own free will.
- _____ (This item allows institutions to forward their existing records. This is a standard disclaimer.)
By my signature below, I authorize **Catholic Charities of the Diocese of Raleigh** to request and obtain a Consumer Report containing, without limitation, the above-described information in connection with my application. I also authorize, without reservation, any person, agency, or other entity contacted by or on behalf of **Catholic Charities of the Diocese of Raleigh** to furnish the above described or similar information. Also by my signature below, I waive any and all causes of action that I may have against **Catholic Charities of the Diocese of Raleigh** or any person, agency, or other entity providing information for inclusion in the Consumer Report for libel, slander, defamation, intentional or negligent infliction of emotional distress, or for any other injury of any kind or nature caused by the gathering or supplying of the above described or similar information. (Please Note: If you have no criminal record, the process is quick and unobtrusive. Every effort is made to assure a criminal record is not reported falsely).
- _____ I understand that a criminal background check will be conducted prior to and may be conducted during my service. I authorize investigations of all statements contained in the application.
- _____ 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 _____

Confidential Background Check Information

Please note: Information in this section is only used to obtain criminal records, which are reviewed by a diocesan official in strictest confidence.

_____ Yes _____ No Have you ever been convicted for physically, sexually, or emotionally abusing a child or an adult?

If yes, please explain:

_____ Yes _____ No Has a civil lawsuit or employment complaint ever been filed against you for child abuse or Sexual abuse?

If yes, please explain:

_____ Yes _____ No 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, please explain:

_____ Yes _____ No Have you changed your last name in the past 7 years?

If yes, what was your previous last name? _____

_____ Yes _____ No At any time during the past 7 years have you lived in a different state (within the United States) or do you currently live outside the state this Diocese is located in?

If yes, what state did you live in? _____

What are the last four (4) digits of your Social Security Number: ***-**- ____ ____ ____ ____

OR what is your I-Tin Number: _____

Driver's License Number: State _____ Number: _____

Date of Birth: Month _____ Day _____ Year _____

Gender: Male _____ Female _____



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**DISCLOSURE OF REQUEST FOR CONSUMER REPORT FOR
VOLUNTEERS AND INTERNS**

In connection with your application for service as a volunteer/intern, Catholic Charities of the Diocese of Raleigh may request and have prepared a Consumer Report about you that may be used to evaluate your eligibility to serve as a volunteer/intern. I understand that a criminal background check will be conducted prior to and may be conducted during my service. I authorize investigations of all statements contained in the application.

The Consumer Report will be limited to your criminal history. Information for the Consumer Report may be requested from various Federal, State, local and other agencies that may store or have access to such information about you.

I hereby acknowledge that I have been provided the foregoing Disclosure of Request for Consumer Report and have been allowed to keep a copy for my records.

Printed Name:

Address:

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.”

Date

Volunteer/Intern Signature