

Catholic Charities of the Diocese of Raleigh, Inc.
7200 Stonehenge Drive
h Raleigh, North Carolina 27613-1620
(919) 821-9750
FAX (919) 821-9712

Providing Help-Creating Hope-Serving All

CHECK LIST FOR VOLUNTEERS - LEVEL C

Name	»:	P	'none #:	
Addre	ess:C	City:	State:	_ZIP
Catho	olic Charities Location:			
Super	visor:			
Respo	onsibilities:			
Days	Will Be Working:			
TO E	BE COMPLETED BEFORE A BAC (And before an intern			AN BE DONE
1.	Application for Volunteer Service (L	evel C)		
2.	Disclosure of Request for Consumer	Report		
3.	ADMINISTRATION - Backgroun	d Check (Completed	
ADD	DITIONAL REQUIREMENTS			
1.	Confidentiality Agreement			
2.	Emergency Information Sheet			
3.	Attendance at Safe Environment Tra (Level C interns should attend safe environ their role. Please indicate the date attended of certification. Here is the link to the Safe Calendar: http://dioceseofraleigh.org/officeprotection/calendar)	ment trainir d or plan to a Environme	attend and send copent Training	

I avail of Interestion with Children and Vanth	I and of Consoning/Training
Level of Interaction with Children and Youth	Level of Screening/Training
Remote or Occasional Interaction – LEVEL A Remote: an adult volunteer who volunteers at a Catholic Charities	Application – Part A
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	
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	
Supervised Interaction - LEVEL B	Application – Parts A and B
Supervised : an adult volunteer/intern who volunteers at a	References checked
Catholic Charities Office/parish/school sponsored event or program	
primarily for children or youth who would have regular and	Agree to abide by the Code of Conduct
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)	
Unsupervised Interaction(and all employees) - LEVEL C	Application for Level C
Unsupervised: an adult volunteer/intern who volunteers at a	References checked
Catholic Charities Office/parish/school sponsored event or program	
primarily for children or youth who would have regular and	Agree to abide by the Code of Conduct
frequent unsupervised interaction, or supervises adult volunteers	
who interact with children and youth	Required to attend Safe Environment Training
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	
Level C volunteers/interns should attend safe environment training	
prior to beginning their role.	
All employees are Level C and have 60 days from date of hire to	
complete safe environment training.	

Components of the Volunteer/Intern Application Form:

Level A Level C volunteers/interns (and all employees)
Personal information
Personal information

Personal information
Sex Abuse Declarations
Personal information
Sex Abuse Declarations

Volunteer History

Level B (plus all of A)
Volunteer History

References (Verified by local site)

References Declarations

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.



eAppsDB User ID_	
Password	

Catholic Charities of the Diocese of Raleigh Application for Volunteer Service – Level C

Main Application				
Name:	First	Middle		Last
Street Address: _				
City/State/Zip:	City		State	Zip
	Area Code	Number		
Cell Phone:				
Work Dhono	Area Code	Number		
Work Phone:	Area Code	Number		
Email Address				
Liliali Addiess				

Catholic Charities Questionnaire			
What position are your applying for?			
What interests you about the position you are applying for?			
What has prepared you for the position that you are applying for?			

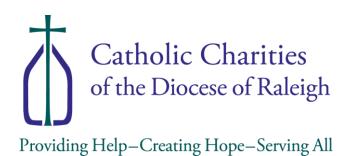
Dates mm/yyyy)	Street Address	Cit	ty/State/Zip	Country
seg. Date				
ind Date:				
na Date				
Seg. Date				
ind Date:				
olunteer History				
	ave no volunteer history.			
•	any experience applicable to the position	on to which you are app	olying. If you are s	till participating in a
Dates (mm/yyyy) (start with most recent)	Organization City, State, Zip	Contact	Contact Phone Number	Position/Duties
Beg. Date				
ind Date:				
Beg. Date				
End Date:				
Beg. Date				
End Date:				
eferences - Please give	at least 3 references			
Reference Name First/Last	Address (City/State/Zip)	Daytime Phone	How long have you known the person?	Has this person agreed to be a reference?
Vork				
Personal				
Personal				

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

Residential History

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
been performed, and any individual or organization which might be relevant to my desired
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 Catholic Charities/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:
YesNo Has a civil lawsuit or employment complaint ever been filed against you for child abuse or Sexual abuse? If yes, please explain:					
YesNo 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: ***-**					
Driver's License Number: Number: Date of Birth: Month Day Year Gender: Male Female					



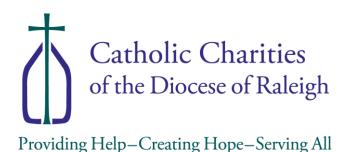
DISCLOSURE OF REQUEST FOR CONSUMER REPORT FOR VOLUNTEERS AND INTERNS

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:	
Sionature	
orginature	-
Date:	



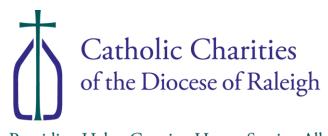
CONFIDENTIALITY AGREEMENT FOR VOLUNTEERS AND INTERNS

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.

<u>Protected Health Information</u> 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		_



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EMERGENCY INFORMATION SHEET

NAME:	
DEPARTMENT:	
HOME ADDRESS:	
EMERGENCY DATA: Percen(a) to notify in case of Emergency:	
Person(s) to notify in case of Emergency:	
Name:	
Address:	
Home/Cell Phone:	Work Phone:
Relationship to Employee:	
Name:	
Address:	
Home/Cell Phone:	Work Phone:
Relationship to Employee:	