



Volunteer Application Form

This application is to be completed by all applicants for any volunteer position involving the supervision or custody of children or youth. This is being used to help the Church provide a safe and secure environment for those children and youth who participate in our programs and use our facilities. *Please use additional sheets if necessary.*

PLEASE INCLUDE A COPY OF A VALID DRIVER'S LICENSE, PASSPORT OR OTHER GOVERNMENT ISSUED PICTURE IDENTIFICATION.

Today's date: _____

PERSONAL DATA

Name: _____

List any other names used (maiden, former, nickname, a.k.a.): _____

Present address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Email address: _____

What type of children/youth work do you prefer? _____

On what date would you be available? _____

Minimum length of commitment? _____

Revised July 2016

Marital Status: _____

Social Security number: _____ Date of Birth: _____

Driver license number: _____ State: _____

Please list the names and locations of the educational institutions in which you have been enrolled:

Please list previous home addresses over the last ten years:

Are you a member of this Church? Yes No If yes, how long_____

If no, list the church where you are a member and length of membership:_____

List two parishioners from your parish that you have known the longest:_____

List names and addresses of other churches you have attended regularly during the past ten years. If you did volunteer work in those churches, please include the name of your supervisor or the priest in charge at the time and the type of volunteer work you performed:

List all other previous work which involved children or youth (identify organization, location, dates and type of work):_____

List any gifts, callings, training, education, or other factors that have prepared you for work with children or youth: _____

EMPLOYMENT HISTORY

List all places of employment for the past TEN years.

CURRENT EMPLOYER

Company name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Phone number: _____

PREVIOUS EMPLOYER

Company name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Phone number: _____

PREVIOUS EMPLOYER

Company name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Phone number: _____

PREVIOUS EMPLOYER

Company name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Phone number: _____

PREVIOUS EMPLOYER

Company name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Phone number: _____

Have you ever been terminated or asked to resign? Yes No

If yes, please list employer and reason for termination or request for resignation: _____

Have you had any driver's license or other license (e.g., professional) suspended or revoked?

Yes No If yes, give full details: _____

Have you ever been arrested or charged with driving under the influence? Yes No

If yes, list each such arrest or charge, when and where it was made and its outcome:

Have you ever been convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? Yes No

If yes, please explain: _____

Have you ever been convicted of or pled guilty to a felony? Yes No

If yes, explain and give date of offense: _____

Have you ever been convicted of or pled guilty to a misdemeanor offense, other than a minor driving offense? Yes No

If yes, briefly and give date of offense: _____

Is there any fact or circumstance about you or your background that would call into question the advisability of entrusting you with the supervision, guidance, and care of children or youth?

Yes No If yes, please explain _____

PERSONAL REFERENCES (3)

Do not include former employers or relatives

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime phone number: _____ Evening phone number: _____

How long have you known this person? _____

Relationship to you? _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime phone number: _____ Evening phone number: _____

How long have you known this person? _____

Relationship to you? _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime phone number: _____ Evening phone number: _____

How long have you known this person? _____

Relationship to you? _____

NOTE: You will be asked to submit to a Fingerprint Background Check that will include all FBI and TBI criminal records and by signing this application you authorize your prospective employer to comply with all applicable procedures for the collection of your fingerprints and for their submission to the Tennessee Bureau of Investigation and The Federal Bureau of Investigation. You also by signing this application agree that the Episcopal Diocese of West Tennessee's authorized employees may receive the results of any criminal record check and may submit them to the parish to which you are applying. In addition, a copy of your Non-Criminal Justice Privacy Rights is attached to this application and you acknowledge that you understand your rights as contained in that document.

Until such time as the abovementioned Criminal Record Check has been completed, you may be denied unsupervised access to children.

Your initials indicate that you have read the above mentioned privacy rights and have read this note.

Applicant's initials: _____

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.²

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

¹ Written notification includes electronic notification, but excludes oral notification.

² See 28 CFR 50.12(b).

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

CODE OF CONDUCT FOR THE PROTECTION OF CHILDREN AND YOUTH

Read and initial each item to signify your agreement to comply with the statement. You have been provided with *The Diocese of West Tennessee Policies for the Protection of Children and Youth from Abuse*. It is required that you read this document prior to completing this application.

_____ I agree to do my best to prevent abuse and neglect among children and youth involved in church activities and services.

_____ I agree not to physically, sexually or emotionally abuse or neglect a child or youth.

_____ I agree to comply with the policies for General Conduct for the Protection of Children and Youth defined in the Policies for the Protection of Children and Youth from Abuse.

_____ I agree to comply with the Guidelines for Appropriate Affection with children and youth.

_____ In the event that I observe any inappropriate behaviors or possible policy violations with children or youth, I agree to immediately report my observations to appropriate church leaders and state authorities in accordance with the Policies for the Protection of Children and Youth From Abuse.

_____ I acknowledge my obligation and responsibility to protect children and youth and agree to report known or suspected abuse of children or youth to appropriate church leaders and state authorities in accordance with the Policies for the Protection of Children and Youth From Abuse.

_____ I understand that the church will not tolerate abuse of children and youth and I agree to comply in spirit and in action with this position.

ACKNOWLEDGMENT, RELEASE AND SIGNATURE

To the best of my knowledge, the information contained in this application is complete and accurate. I understand that providing false information is grounds for not choosing me or for my discharge if I have already been chosen. I authorize any person or organization, whether or not identified in this application, to provide any information concerning my previous employment, driving record, criminal record, sexual offender registry or other qualifications for my employment. I also authorize The Diocese of West Tennessee to request and receive such information.

If chosen, I agree to be bound by The Diocese of West Tennessee's policies and procedures, including but not limited to its Policies for the Protection of Children and Youth From Abuse and Code of Conduct for the Protection of Children and Youth. I understand that all policies and procedures may be changed, withdrawn, added to or interpreted at any time at The Diocese of West Tennessee's sole discretion and without prior notice to me. I also understand that my volunteer opportunity may be terminated, or any offer or acceptance of volunteer opportunities withdrawn, at any time, with or without cause, and with or without prior notice at the option of The Diocese of West Tennessee or myself.

Nothing contained in this application or in any communication is intended to or creates a contract between myself and The Diocese of West Tennessee for volunteer opportunities.

I also agree to release and hold harmless The Diocese of West Tennessee, their officers, employees, agents and volunteers from any and all liability as it relates to any investigation taken by them regarding the information contained in this application, or any action by them as result of such investigation.

I also agree to release and hold harmless all past and present employers, schools, personal or professional references from any and all claims that I have, or which might arise against any or all of them from any and all liability as it relates to furnishing information as it relates to this application.

I HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS and all notes as to my privacy rights that are a part of this Application.

Signature

Date

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