

**VOLUNTEER APPLICATION  
FOR WORKING WITH CHILDREN OR YOUTH**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Social Security # \_\_\_\_\_

Driver's License # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_  
*Name and relationship*

Occupation: \_\_\_\_\_

Current job responsibilities and schedule: \_\_\_\_\_

**Employment History (include present and prior employers for the past ten years – add additional pages as needed)**

Company name: \_\_\_\_\_

Position held: \_\_\_\_\_

Name of Supervisor and Phone # \_\_\_\_\_

Dates of employment: from \_\_\_\_\_ to present

Company name: \_\_\_\_\_

Position held: \_\_\_\_\_

Name of Supervisor and Phone # \_\_\_\_\_

Dates of employment: from \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving position: \_\_\_\_\_

Company name: \_\_\_\_\_

Position held: \_\_\_\_\_

Name of Supervisor and Phone # \_\_\_\_\_

Dates of employment: from \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving position: \_\_\_\_\_

**Current and previous volunteer experience (include present and past experience for the past ten years – add additional pages as needed)**

Organization: \_\_\_\_\_

Duties: \_\_\_\_\_

Name of Supervisor and Phone #: \_\_\_\_\_

Dates: from \_\_\_\_\_ to \_\_\_\_\_

Organization: \_\_\_\_\_

Duties: \_\_\_\_\_

Name of Supervisor and Phone #: \_\_\_\_\_

Dates: from \_\_\_\_\_ to \_\_\_\_\_

Organization: \_\_\_\_\_

Duties: \_\_\_\_\_

Name of Supervisor and Phone #: \_\_\_\_\_

Dates: from \_\_\_\_\_ to \_\_\_\_\_

Special interests, hobbies, and skills: \_\_\_\_\_

Why would you like to work with children and/or youth? \_\_\_\_\_

What qualities do you have that would help you work with children and/or youth? \_\_\_\_\_

How were you parented as a child? \_\_\_\_\_

How do/did you discipline your own children? \_\_\_\_\_

\_\_\_\_\_

Would you be available for periodic training sessions?  Yes  No

## Protection of Children and Youth

In order to protect children and youth, the Diocese of Iowa strictly prohibits interaction with children or youth by anyone known to have a civil or criminal record of child abuse, or who has admitted to sexually abusing children or youth, or has a paraphiliac diagnosis (i.e. pedophilia, exhibitionism, voyeurism) as defined by the American Psychiatric Association.

In order to keep our children safe, the Diocese of Iowa requires that all those who work with or around children and/or youth be screened. This screening includes completion of this application, reference checks, sexual offender registry checks, driving or motor vehicle checks (if the person may be transporting children or youth) and criminal history checks (except for church school teachers, adults who participate in overnight activities with children or youth once or twice a year, adults who work or assist in the nursery four or fewer times a year, and adults who supervise or assist with supervising children or youth infrequently – no more than three times a year or for one program or activity during a year that lasts less than one month – for example, assisting with preparation for the Christmas pageant or Vacation Bible School).

In order to complete your screening, we need the following information:

**References:** (Please provide three character references - other than family members - who can identify your strengths and weaknesses and describe your background and ability to relate with children and youth.)

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home/ work phone #s \_\_\_\_\_  
How does this person know you? \_\_\_\_\_
  
2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home/ work phone #s \_\_\_\_\_  
How does this person know you? \_\_\_\_\_
  
3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home/ work phone #s \_\_\_\_\_  
How does this person know you? \_\_\_\_\_

**Please answer the following questions. (If any of your answers are yes, please attach another page and write a full explanation.)**

- Yes    No   1. Have, you, at any time, been involved in or accused, rightly or wrongly, or sexual abuse, neglect or mistreatment (emotional or physical) of children or youth?
- Yes    No   2. Have you ever been accused or convicted of possession/sales of controlled abuses or of driving under the influence of alcohol or drugs?
- Yes    No   3. Are you using illegal drugs?
- Yes    No   4. Have you ever been arrested or convicted for any criminal act more serious than a traffic violation?
- Yes    No   5. Have you ever been involved romantically or sexually with any student in youth ministry or had sexual relations with any minor after you became an adult?
- Yes    No   6. Have your ever had a paraphiliac diagnosis (pedophilia, exhibitionism, or voyeurism)?
- Yes    No   7. Have you ever been asked to step away from ministry or work with children or youth in any setting, paid or volunteer?
- Yes    No   8. Is there anything in your past or current life that might be a problem if we found out about it later?
- Yes    No   9. Have you ever been the victim of any form of child abuse? (If so, would you like to speak with your priest or a counselor?    Yes    No)
- Yes    No   10. Do you have any medical conditions or take any medications that might affect or make ministry with children and youth hazardous for you or them?

### **Acknowledgement, 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 hiring me or choosing me for a volunteer position or for my discharge if I have already been hired or chosen.

I authorize any person or organization, whether or not identified in this application, to provide any information concerning my educational, employment, volunteer, driving, criminal record, sexual registry or other qualification for my employment or volunteering. I also authorize \_\_\_\_\_ (parish) to request and receive such information.

In consideration of the receipt and evaluation of this application by the Church, I hereby release any individual, church, youth organization, charity, employer, supervisor, reference, or

other person or organization, including records custodians, from any and all liability for damages of whatever kind or nature that may at any time result to me, my heirs or family, because of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

If hired or chosen, I agree to be bound by the Diocese of Iowa Policies and Procedures Concerning Sexual Boundaries. I have been given and have read a copy of these Policies & Procedures. If, I violate these Policies and Procedures, I understand that my volunteer status may be terminated.

I state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS RELEASE AS MY OWN ACT. This is a legally binding document, which I have read and understand.

---

Print name

---

Signature

Date

---

Witness

Date