



DIOCESE OF VENICE IN FLORIDA

**VOLUNTEER APPLICATION
FOR THOSE WORKING WITH CHILDREN AND VULNERABLE ADULTS**

Dear Volunteer,

Thank you for offering your time and talent to work with our parish/school/organization. Volunteers such as yourself are indispensable to our programs. The policy of the Diocese of Venice requires background screening of all volunteers who have unsupervised access to minors. Please supply the following information below and return this form to the person who provided it to you, along with necessary attachments (depending upon position) before proceeding to electronic fingerprinting and Safe Environment Training.

[PLEASE PRINT]

Parish/School/Diocesan Entity: _____
Volunteer Position Sought: _____ DOV screened w/in 5 years? _____
Your Name _____ Social Security # _____
Home Address, City, Zip: _____ Phone _____
Current Memberships (religious, community, business, professional) or special skills:

REFERENCES: Please list names, addresses and phone numbers of two persons who have known you at least five years who are familiar with your character. Two (2) NON-FAMILY references please (excluding Pastor and Staff).

Name Address, City, Zip Phone

1. _____
2. _____

If driving, Florida License # _____ (attach copy of license & insurance card)

*If driving van designed to seat 16 persons or transporting children, see DOV Transportation Manual.

If working with youth, please identify prior experience:

Emergency Contact: _____ Phone _____

Please identify canonical status: Lay Clergy Religious Catholic? Yes No

Did your canonical status change Yes No

If yes, please give details:

Have you ever committed or have been accused of any offenses involving children or vulnerable adults, or been found guilty of, regardless of adjudication, or entered a plea of guilty or nolo contendere, or been convicted of a crime? Yes No

If yes, please explain type of crime, date, place, and penalty imposed:



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Applicant Certification, Authorization and Release

I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that if volunteering, any omission, misrepresentation or falsification shall be grounds for termination.

I hereby authorize investigation of all statements contained herein. I consent to the release of information about my abilities, fitness for volunteering and character from all schools, previous employers, personal references and law enforcement agencies. I further release and discharge from liability the Diocese of Venice, their agents, employees, officers and other persons from all liability arising from the investigation or disclosure of the requested information, as well as those companies, agencies, officials, officers, employees and other persons, who in good faith provide this information to the DOV. I understand that any volunteer position is conditioned on a satisfactory background check and agree to complete an attestation of good moral character, be electronically fingerprinted and cleared by the FDLE/FBI, and complete Safe Environment Training.

I understand that in accord with the doctrine and laws of the Catholic Church, this Parish, School or any other entity of the Diocese of Venice in Florida strives to assist the faithful in their journey of faith through Divine Worship; Evangelization; Catechesis; Faith Formation; Catholic Education; Christian Community and Fellowship; Works of Charity and Social Justice through strengthening of the Family and other pastoral outreach.

I understand that a Parish/School or any other entity of the Diocese of Venice in Florida is founded upon the morals of the Catholic Church and Her Sacraments which recognize and define that marriage is between a man and a woman.

I agree that if I am offered and accept to volunteer at a Parish/School or other entity of the Diocese of Venice in Florida, I am expected to conduct myself in a manner consisted with the core teaching and values of the Catholic Church and Her Sacraments.

Signature Date

INTERNAL USE ONLY

Reference #1 checked by: _____ Date: _____

Reference #2 checked by: _____ Date: _____

Date Fingerprinted: _____ Date Cleared: _____

Date of Safe Environment Training: _____