



DIOCESE OF VENICE IN FLORIDA

SCHOOL VOLUNTEER APPLICATION

Diocesan School: _____

Dear Volunteer,

Thank you for offering your time and talent to work with our parish/school/organization. Volunteers such as you 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 and the Attestation of Good Moral Character before proceeding to electronic fingerprinting and Safe Environment Training.

I. PERSONAL INFORMATION

Date _____

Name _____ Social Security No. _____

Present Address _____
STREET CITY STATE ZIP

Do you have any prior names or surnames? Yes No If yes, please list: _____

Daytime Phone: _____ Evening Phone _____ Cell phone _____

Number of years residing in Florida _____

Emergency Contact _____ Phone _____

Current Employer _____

Current Occupation _____ Past Occupation _____

Previous Volunteer Experience working with youth: _____

What has prompted you to volunteer with our school?

II. Volunteer Interests

- | | | | |
|--------------|----------------------|----------------|-------------------|
| Office work | Field Trip Chaperone | Driver | Maintenance |
| Lunch Room | Library | In class tutor | Grounds/Gardening |
| Playground | Fund Raising | Guest Speaker | Special project |
| Computer Lab | Music | Other _____ | |

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

Has your license ever been suspended or revoked? _____

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

Number of hours/particular days you would like to volunteer each week: _____

Availability: Daytime Evening Weekend

Special skills/training pertinent to anticipated volunteer activity:

III. REFERENCES (GIVE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST FIVE YEARS)

NAME	ADDRESS	PHONE NUMBER
1.		
2.		
3.		

IV. BACKGROUND INFORMATION

As a condition of your potential service to the school, we will perform a background investigation. Inquiries into criminal backgrounds are necessary and are being used solely because of the potential for ensuing relationships with children. Your participation in this process is voluntary. HOWEVER, if you choose not to complete this section, you will be eliminated as a possible candidate for volunteer activity with children.

Have you ever committed, been arrested for, 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: _____

Have you ever been a defendant in a civil action for intentional tort? Yes No

If yes, please identify the nature of the tort, date and disposition of the action: _____

Have you ever been the subject of an investigation involving an allegation of sexual abuse? Yes No

If yes, please give details: _____

Applicant 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 any volunteer position is conditioned on a satisfactory background check and agree to complete an attestation of good moral character.

In connection with the above request to serve as a volunteer, I authorize the Diocese of Venice to investigate my background, including criminal and driving history and hereby release said information to them. 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.

Signature

Date

SCHOOL USE ONLY:

Reference #1 checked by: _____ Date: _____

Reference #2 checked by: _____ Date: _____

Reference #3 checked by: _____ Date: _____

Date Fingerprinted: _____ Date Cleared: _____

Date of Safe Environment Training: _____