VOLUNTEER PROFILE "Unpaid employees." Diocese of Charlotte

Volunteer Profile

This form is to be used when the volunteer position involves providing unsupervised counseling or ministry with minors, the incapacitated or the very elderly. No other application for volunteer service is authorized for use in the Diocese of Charlotte. Applications for volunteer service must be kept on file after termination of volunteer service.

The climate in the United States at this point in history is such that a concern about potential liability is raised in every sector of American life, including the Church. This is coupled with a heightening awareness of a responsibility to ensure that those who act in the Church's name would never violate basic Christian decency.

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	Diocese	of Charlott	e VOLUNTI	EER PROFIL	E	
NAME						
(Last)		(First)			(Middle Initial)	
ADDRESS(Street)			(City)	(State)	(Zip)	
TELEPHONE _	,	()	(21110)	(EAP)	
(Home)		(Work)				
Time Comm	itment Desired:	Full Time	Part Time	Temporary	Education Co-op	
A. PERSONAI	. INFORMATIO)N				
traffic violation	•	fully the circu	ımstances. (Such charge or	ne other than a minor conviction may be	
•	er been the subjo If yes, pleaso		stigation inv	olving an alleg	ation of sexual abuse?	

3. Has a civil or criminal complaint ever been filed against you alleging physical abuse or sexual abuse by you? YES ____ NO ____. If yes, give a short explanation of the complaint. (Please indicate the date, nature, and place of the incident leading to complaint, where the complaint was

filed, and the disposition of the complaint.)

4. Have you ever terminated your employment or had your employment terminated for reasons relating to allegations of physical abuse or sexual abuse by you? YES NO If yes, please give a short explanation of the allegations, the disposition of the allegations, and your employer at the time, including your employer's name, address and telephone number.						
5. Have you ever received any medical treatment, physical or psychological, for reasons involving physical abuse or sexual abuse by you? YES NO If yes, give a short description of the treatment, including date(s), nature and location(s), identifying the treating physician with name, address and telephone number.						
B. VOLUNTEER HISTORY Please list your last three volunteer activities, starting with the most recent.						
C. PERSONAL REFERENCES Please list the name, address and telephone number of three individuals who are sufficiently familar with you to provide a character reference.						
(Name) (A	Address)	(Telephone)				
(Name) (A	Address)					
	iddicss)	(Telephone)				
(Name) (A	Address)	(Telephone)				
(Name) (A						
	Address)	(Telephone) Date				
Signature of Volunteer Applicant ***********************************	Address)	(Telephone) Date				
Signature of Volunteer Applicant ***********************************	Address) *********** R OFFICIAL USE ONLY DATE	(Telephone) Date ***********				
Signature of Volunteer Applicant *********** FOF INTERVIEWED BY:	Address) ************ R OFFICIAL USE ONLY DATE been assigned one that requires that NO	(Telephone) Date ***********************************				