

**VOLUNTEER APPLICATION FORM**

Name \_\_\_\_\_ School \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ Social Security # \_\_\_\_\_

Person to contact in case of an emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Special skills, training, and/or areas of interest you wish to share as a volunteer:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Days/hours available for volunteer work: \_\_\_\_\_

Previous volunteer experience (list most recent first):

Agency	Phone	Supervisor	Duties	From/To
1.				
2.				
3.				

Work experience (list most recent first):

Employer	Phone	Supervisor	Duties	From/To
1.				
2.				
3.				

Please list three references:

Name	Title/Company	Phone	Address	How Long Known
1.				
2.				
3.				

How did you hear about volunteer opportunities in the Archdiocese of Denver?

---

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain:

---

---

I hereby certify that the information presented on this form is true, accurate and complete. I authorize the investigation of all statements contained in this application. I am aware that there is no remuneration for my services as a volunteer for the Archdiocese of Denver.

\_\_\_\_\_ Acknowledgement of receipt of the Code of Conduct for the Archdiocese of Denver is attached.

*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

**VOLUNTEER INFORMATION SHEET**

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

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

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ Social Security #: \_\_\_\_\_

Please indicate if you are awaiting trial on, have ever been convicted of, or have ever admitted committing any of the following criminal offenses in the State of Colorado or similar offenses in another jurisdiction. Check all that apply:

- |   |  |
|---|--|
| _____ Sexual abuse of a minor                   | _____ Incest   |
| _____ First or second degree murder             | _____ Kidnapping   |
| _____ Arson                                     | _____ Contributing to the delinquency of a minor   |
| _____ Commercial sexual exploitation of a minor | _____ Felony offenses involving distribution of marijuana or dangerous or Narcotic drugs |
| _____ Burglary                                  | _____ Robbery  |
| _____ A dangerous crime against children        | _____ Child Abuse  |
| _____ Sexual conduct with a minor               | _____ Molestation of a child   |
| _____ Voluntary manslaughter                    | _____ Aggravated assault   |

\_\_\_\_\_ I hereby certify that I am not awaiting trial on, have never been convicted of, and have never admitted committing any of the above criminal offenses in the State of Colorado or similar offenses in another jurisdiction.

*Signature of applicant:* \_\_\_\_\_ *Date:* \_\_\_\_\_

## FAIR CREDIT REPORTING ACT DISCLOSURE

In conjunction with my application for employment (including contract or volunteer services) with you, I understand that you intend to hire SELECTION.COM® to obtain Consumer Reports and / or Investigative Consumer Reports (Reports) about me as defined in the federal Fair Credit Reporting Act (FCRA). These Reports may include information concerning my academic background, character, credentials, credit capacity, credit standing, credit worthiness, general reputation, mode of living, personal characteristics, reasons for work termination, work experience, work habits and / or work performance. You may also seek information concerning my civil litigation history, criminal record, educational background, employment history, motor vehicle record, and / or worker's compensation history.

I understand that you may rely on the information contained in these Reports in determining whether to extend an offer of employment to me or maintain my employment with you. If you contemplate making an adverse employment-related decision that will affect me based, in whole or in part, upon a Report obtained from SELECTION.COM®, I will receive a copy of the Report and a written summary of my Consumer Rights under the FCRA before you finalize that decision.

I have read the above disclosure and I hereby authorize you, SELECTION.COM® or its authorized agents to obtain the above referenced information about me. I also authorize all agencies, bureaus, employers, information service organizations and individuals to provide any of the above referenced knowledge or information they have concerning me. This authorization shall remain on file and be valid for the duration of my employment with you. It shall serve as an ongoing authorization for you to obtain Reports about me from SELECTION.COM®. A photocopy or facsimile of this authorization shall be as valid as the original.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### Notice to Applicants living in CA, OK or MN:

By checking this box, I request to receive a free copy of any Consumer Report ordered about me.

E-Mail address: \_\_\_\_\_ \*\*

\*\* By entering my e-mail address, I authorize SELECTION.COM® to deliver my Report via e-mail.

### Notice to California Residents:

Under California Civil Code Section 1786.22, you may view the file maintained on you by SELECTION.COM® during normal business hours. You may also obtain a copy of this file, either in person or by mail, by submitting proper identification and paying the costs of duplication services. You may also receive a summary of the file by telephone by being able to provide adequate identification as to allow SELECTION.COM® to determine with reasonable certainty that you are the subject of the Report. SELECTION.COM® is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person, another person of your choice may accompany you, provided that this additional person also furnishes proper identification. SELECTION.COM®'s Privacy Policy can be viewed at [www.Selection.com](http://www.Selection.com).

THIS FORM IS FOR PERMANENT RETENTION IN PERSONNEL FILE.

# EMPLOYMENT INQUIRY RELEASE

In conjunction with my application for employment (including contract and / or volunteer services) with you, I understand that you intend to hire SELECTION.COM® to obtain Consumer Reports and / or Investigative Consumer Reports (Reports) about me as defined in the federal Fair Credit Reporting Act (FCRA). These Reports may include information concerning my academic background, character, credentials, credit capacity, credit standing, credit worthiness, general reputation, mode of living, personal characteristics, reasons for work termination, work experience, work habits and / or work performance. You may also seek information concerning my civil litigation history, criminal record, educational background, employment history, motor vehicle record, and / or worker's compensation history.

I understand that you may rely on the information contained in these Reports in determining whether to extend an offer of employment to me or maintain my employment with you. If you contemplate making an adverse employment-related decision that will affect me based, in whole or in part, upon a Report obtained from SELECTION.COM®, I will receive a copy of the Report and a written summary of my Consumer Rights under the FCRA before you finalize that decision.

I have read the above disclosure and I hereby authorize you, SELECTION.COM® or its authorized agents to obtain the above referenced information about me. I also authorize all agencies, bureaus, employers, information service organizations and individuals to provide any of the above referenced knowledge or information they have concerning me. This authorization shall remain on file and be valid for the duration of my employment with you. It shall serve as an ongoing authorization for you to obtain Reports about me from SELECTION.COM®. A photocopy or facsimile of this authorization shall be as valid as the original. I agree that any and all disputes arising from any Report shall be brought only in state or federal court in Hamilton County, Ohio and shall be governed by, and construed in accordance with, the laws of the State of Ohio.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## THE FOLLOWING INFORMATION IS REQUIRED TO CONDUCT THE BACKGROUND INVESTIGATION

PRINT NAME \_\_\_\_\_  
Last Name First Name Middle Initial Social Security Number

PREVIOUS OR MAIDEN NAME (if applicable) \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_ STATE ISSUED \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

List states and counties of residence, other than above, for the past seven (7) years:

COUNTY \_\_\_\_\_ STATE \_\_\_\_\_; COUNTY \_\_\_\_\_ STATE \_\_\_\_\_; COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

FOR IDENTIFICATION PURPOSES ONLY: Date of birth \_\_\_\_\_

My prospective employer understands that age is a protected characteristic and that any age related information requested will not be used as the basis for any employment decision.

### Notice to Applicants Living in CA, OK or MN

By checking this box, I request to receive a free copy of any Report ordered on me.

E-Mail address: \_\_\_\_\_ \*\*

\*\* By entering my e-mail address, I authorize SELECTION.COM® to deliver my Report via e-mail.

### Notice to California Residents:

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by SELECTION.COM® during normal business hours. You may also obtain a copy of this file, either in person or by mail, by submitting proper identification and paying the costs of duplication services. You may also receive a summary of the file by telephone by being able to provide adequate identification as to allow SELECTION.COM® to determine with reasonable certainty that you are the subject of the report. SELECTION.COM® is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person, another person of your choice may accompany you, provided that this additional person furnishes proper identification. The SELECTION.COM® Privacy Policy can be viewed at [www.Selection.com](http://www.Selection.com).

\*\*\*\*\* IF FAXING OR E-MAILING REQUEST, THIS SECTION MUST BE COMPLETED FOR PROCESSING \*\*\*\*\*

Customer Number: \_\_\_\_\_ Location or Store Number: \_\_\_\_\_ Date Submitted: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Position Applied For: \_\_\_\_\_  
Information Requested: \_\_\_\_\_  
Combined Report: \_\_\_\_\_  
Individual Reports: \_\_\_\_\_  
Criminal Convictions  County(s) and State(s): \_\_\_\_\_  
Other: \_\_\_\_\_

This Form Provided By: SELECTION.COM®, 155 Tri-County Parkway, Suite 150, Cincinnati, OH 45246. Telephone: 800.325.3609; Fax: 888.767.2435.

For background check entry, send to [requests@selection.com](mailto:requests@selection.com). For employment or education verification purposes, e-mail to [releases@selection.com](mailto:releases@selection.com) with applicant's full name in the subject line.

## Personal Information

for purposes of obtaining background reports – please write legibly

Please provide the information requested below. This form is part of your application for employment or for a volunteer position with the Archdiocese of Denver, or with a parish within the territory of the Archdiocese, or with an Ecclesiastical Organization,<sup>1</sup> as applicable. It is also required as part of mandatory compliance with the *Archdiocese of Denver's Code of Conduct*. By signing below, you understand that the information you provide will be used to conduct a criminal background check. If you are applying for a senior finance employment position,<sup>2</sup> it may also be used to obtain a report on your credit history and related credit information. The use of your personal information is subject to the Fair Credit Reporting Act. For additional information, please refer to the *Fair Credit Reporting Act (FCRA) Disclosure and Authorization form* previously executed by you, as well as to the *FCRA Summary of Rights* previously provided to you. Information obtained about you will be one part of the employment or volunteer evaluation process and must be completed in association with any conditional employment offer or conditional volunteer services offer (contingent upon an acceptable criminal background history being obtained, and any other applicable background information if authorized by you).

If you have resided in Colorado for less than 7 years, provide information for the state of Colorado and previous state(s) of residence for the last 10 years.

Employer to which you are applying \_\_\_\_\_

Position for which you are applying \_\_\_\_\_

Full Name (please print) \_\_\_\_\_

Maiden Name; Aliases / Other Names \_\_\_\_\_

\*Date of Birth (month/day/year) \_\_\_\_\_ Phone Number \_\_\_\_\_

\*Social Security Number \_\_\_\_\_

Current Address (address, city, state, zip) \_\_\_\_\_

Number of Years a Resident of Colorado \_\_\_\_\_

If less than 7 years residence in Colorado, provide information for past residence

State \_\_\_\_\_ Full Address \_\_\_\_\_

State \_\_\_\_\_ Full Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

<sup>1</sup> A complete listing of the Ecclesiastical Organizations can be found in the *Preamble* and in the *Principal Abbreviations* to the *Archdiocese of the Denver's Pastoral Handbook*, as well as in the appendices to the *Archdiocese of Denver's Code of Conduct* (the *Code of Conduct* is *Exhibit IV* to the *Archdiocese of Denver's Pastoral Handbook*).

<sup>2</sup> A "senior finance employment position" is a position that has significant oversight over the fiscal operations and financial reporting for an entity (e.g., at the Archdiocese it refers to the CFO, to the Controller, and to other designated positions within and outside the finance office with this level of fiscal oversight; at a parish it refers to the parish business manager and/or bookkeeper (if applicable) and/or to similarly positioned personnel with this level of fiscal oversight; at an Ecclesiastical Organization it refers, where applicable, to the CFO, to the Controller, and to other designated positions within and outside the finance office with this level of fiscal oversight).



# ARCHDIOCESE OF DENVER

RISK MANAGEMENT PROPERTY/CASUALTY INSURANCE TRUST

1300 S. Steele St. • Denver, CO 80210  
(303) 715-3150 • Fax (303) 715-2041

## VOLUNTEER WORKER HOLD HARMLESS AGREEMENT

Parish/School/Organization: \_\_\_\_\_  
(Understood to include the Archdiocese of Denver)

Volunteer Worker Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

### Medical Information

Medical Insurance: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please read the following information, then sign and date at the bottom of the page:

Volunteers are not employees and are not covered by Workers' Compensation insurance at any time. However, volunteer workers are covered, on a limited basis, by an Accident Policy for injuries which occur while doing the volunteer work. This policy will pay up to \$5,000 for medical expenses not covered by the volunteer's own Accident and Health Policy. It does not pay for lost wages or permanent disability.

I have carefully reviewed the information above. I agree to hold harmless and not to sue the above parish/school/organization and the Archdiocese of Denver for any claims for medical expenses, lost wages, permanent disability costs, injury or death benefits as a result of accident or injury while performing volunteer work activities.

I understand that I am responsible for all medical bills if injured while performing volunteer work. If injured, I will be taken to the doctor or hospital specified above. In an emergency I will be taken to the nearest adequate medical facility.

Signed by: \_\_\_\_\_

Date: \_\_\_\_\_

Attested by Pastor or Supervisor: \_\_\_\_\_

## APPENDIX E

### ACKNOWLEDGMENT OF RECEIPT & AGREEMENT

I, the undersigned, hereby acknowledge that on the following date, \_\_\_\_\_, I received a copy of the Archdiocese of Denver's Code of Conduct.

I have since read its contents and understand its meaning, and agree to conduct myself in conformity with its terms.

I understand that this *Acknowledgment of Receipt & Agreement* will be maintained in my personnel file.

Signature of Church Worker:

---

Printed Name of Church Worker:

---

Archdiocesan Ecclesiastical Organization:

---

Signature Date:

---