

**ARCHDIOCESE OF SAN FRANCISCO**

**APPLICATION FORM**

**FOR PERSONS VOLUNTEERING TO WORK WITH CHILDREN AND YOUTH  
INTERMITTENTLY : REFERENCE CHECK**

**School:** \_\_\_\_\_

Please print clearly and complete the entire document. Once completed return to the School Office. This form must be completed before you have contact with children.

*All information will remain confidential except as set forth herein.*

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Social Security No. \_\_\_\_\_ (Confirmed with photo ID) \_\_\_\_\_

Date of Birth \_\_\_\_\_ (Confirmed with photo ID) \_\_\_\_\_

Mailing address if different from above \_\_\_\_\_

List other names you use or are known by \_\_\_\_\_

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

Volunteer activity you wish to perform \_\_\_\_\_

Hours available \_\_\_\_\_ Day of the week available \_\_\_\_\_

Present Occupation \_\_\_\_\_

Employer/Business Name \_\_\_\_\_ Years employed \_\_\_\_\_

Employer Business Address \_\_\_\_\_

Education completed \_\_\_\_\_

Certificates/Special Training \_\_\_\_\_

Previous experience working with children/youth in organizations, schools, parishes (Please list activity and name of organization, school, parish.)

1. Professionally \_\_\_\_\_

2. As a volunteer \_\_\_\_\_

**References:** Please list two references. Your references should be people who know your work and personal character.

<b>NAME</b>	<b>MAILING ADDRESS</b>	<b>PHONE</b>
_____	_____	_____
_____	_____	_____

1. Are you addicted to alcohol, drugs or any illegal substance: Yes \_\_\_\_ No \_\_\_\_
2. Have you ever been convicted of a crime, other than minor traffic violations? Yes \_\_\_\_ No \_\_\_\_
3. Have you ever been convicted of child neglect, abuse or sexual misconduct? Yes \_\_\_\_ No \_\_\_\_
4. Have you ever been suspended, dismissed or asked to resign a paid or volunteer position involving children? Yes \_\_\_\_ No \_\_\_\_

If you answered "yes" to any of the above questions, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I would agree to undergo finger-printing if this were considered necessary. Yes \_\_\_\_ No \_\_\_\_

I understand that the information I have provided may be verified, and used to evaluate my suitability for volunteer work, by contacting the persons, parishes or organizations named in this application, as well as, any agency (e.g. Department of Justice Child Molester Registry Program) authorized by law to provide criminal records or information to the Archdiocese. I hereby release and agree to hold harmless from liability any person, parish, or organization that provides information. I also agree to hold harmless the School, parish, the Roman Catholic Archbishop of San Francisco, The Roman Catholic Welfare Corporation, the Archdiocese of San Francisco, and the officers, directors, employees and volunteers thereof. I affirm the foregoing is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Principal/Director/Supervisor of Program/Activity

\_\_\_\_\_  
Date