



Our Lady of Perpetual Help Church
Oakland, New Jersey

VOLUNTEER APPLICATION
PLEASE PRINT CLEARLY

PERSONAL INFORMATION:		
(Check one) Mr. _____ Mrs. _____ Ms. _____		
First Name:	Middle Name:	Last Name:
Home Street Address:	Mailing Address: (if different from home address)	
City	State	ZIP Code
Home Phone: ()	Date of Birth: (for background check purposes only)	
Work Phone: ()	SSN: (for background check purposes only)	
Mobile Phone: ()	Email Address:	
Volunteer position for which you are applying:		
Are you currently employed? Yes _____ (If yes, please complete information below) No _____		
Employer:	Address:	
Describe job duties:		
If applicable, please check Yes or No:		
Are you a member of the clergy seeking service in the Archdiocese of Newark	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a deacon candidate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a seminarian	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your only role in the Archdiocese that of an active Cub Scout or Boy Scout leader?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been fingerprinted and certified to teach in a New Jersey Catholic or public school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever lived in New York State?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
EMERGENCY CONTACT INFORMATION:		
Name:	Relationship	
Home Phone: ()	Mobile Phone: ()	
Work Phone: ()		

Our Lady of Perpetual Help Church Oakland, New Jersey

PARISH INFORMATION:

Are you a current employee or volunteer at Our Lady of Perpetual Help? Yes ___ No ___

If Yes: What position: _____

If No: Specify your parish: _____

If not a member of a parish, or associated with a school, please leave blank

How long have you been associated with this parish/school? _____

EDUCATION:

Name of High School: _____ High School Graduate: (check one) Yes ___ No ___

Name of College: _____ College Graduate: (check one) Yes ___ No ___

Name of Graduate School: _____ Graduate School Graduate: (check one) Yes ___ No ___

Specialized Education or Training (Please list): _____

PERSONAL REFERENCES:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

VOLUNTEER HISTORY:

Volunteer history should include 5 of your most recent activities. If you are still participating in a volunteer program, then indicate "to" date as current.

_____ *Check here if you have no volunteer history.*

Dates (mm/yyyy) (Start with most recent)	Organization City, State, Zip	Contact Name	Contact Phone Number	Position/Duties
From: _____ To: _____				
From: _____ To: _____				
From: _____ To: _____				
From: _____ To: _____				
From: _____ To: _____				

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Please explain your interest in volunteering: _____

Is there a particular type of assignment or volunteer duty you would prefer? _____

Please list special skills, training and languages: _____

Have you attended a Protecting God's Children Workshop Yes ____ No ____

If Yes: Where: _____ Date: _____

Please attach a copy of your Protecting God's Children Certificate.

Have you ever pled guilty to, or been convicted of a crime? Yes ____ No ____

If Yes, please give the date of the plea/conviction, the location (i.e., jurisdiction) and state the nature of the crime. _____

Are there any criminal charges currently pending against you? Yes ____ No ____

If Yes, please explain. _____

Have your driving privileges been revoked in any state? Yes ____ No ____

If Yes, please explain. _____

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DECLARATIONS

We appreciate your willingness to share your faith, gifts and skills. Providing safe and secure programs for our members is of utmost importance to us. The information gathered in this application is designed to help us provide the highest quality Catholic programs for the people of our community.

Please **read** and **initial** each of the statements below:

- I declare that my volunteer application is complete, that all statements are true, and agree that false statements and/or omissions, including those regarding past conduct and/or present situations may be grounds for denial of my application to provide volunteer services or dismissal from my volunteer involvement.
- I hereby authorize you to conduct a personal and professional reference check for the purposes of my application. You may, among other things, contact any references, church, youth organizations, agencies where volunteer service has been completed, and any individual or organization which might have information relevant to my desired position, including a consumer credit reporting agency (if my position entails handling money). I hereby release any person contacted from any and all liability for damages regarding statements given to you about me.
- I also hereby give you permission to conduct a background check, including but not limited to, a criminal arrest records check, abuse registry check, and driving record check for the purposes of my volunteer services. I agree to cooperate as necessary with the background screening process. **See separate Notice attached regarding Credit Reporting Agency check.**
- I understand and agree that information may be obtained from sources that I provided in the application and that this information need not be revealed to me.
- I agree to observe all of the guidelines and policies relevant to the program for which I am applying, including, but not limited to, the Archdiocesan Policies on Professional and Ministerial Conduct and the Harassment and Sexual Harassment Policy.
- I understand that you have a ZERO TOLERANCE for abuse of minors and vulnerable adults and take all allegations of abuse seriously. I further understand that you cooperate fully with the authorities to investigate all cases of alleged abuse. Abuse of minors or vulnerable adults is grounds for immediate dismissal and possible criminal charges.
- I understand that I can withdraw from the application process at any time and that my acceptance as a volunteer gives me no rights to continued participation in any program as a volunteer or otherwise.
- If at any time my volunteer activities involve driving my vehicle, I agree that I have applicable state motor vehicle insurance for my vehicle and that I am currently permitted to drive my vehicle under the laws of the State of New Jersey. I further agree to abide by all applicable state motor vehicle laws.
- My signature indicates that I have read, understand and agree to all of the above.

Do not sign until you have read and initialed the above and attached statements.

Applicant Signature _____ Date: ____/____/____

Date of Birth: ____/____/____ Social Security Number: ____-____-____

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NOTICE REGARDING CREDIT REPORTING AGENCY CHECK

Please take notice that the position for which you are seeking to volunteer your services may involve a check, now or in the future, of your background by using the services of a Credit Reporting Agency. If so, you have rights under the Fair Credit Reporting Act.

_____ I authorize you to obtain such a report.

Initials

Date: _____ / _____ / _____

If name has changed (through marriage or otherwise) please print former name here:

FOR OFFICE USE ONLY

Does this position involve working with or around minors? Yes _____ No _____

I have reviewed this application and have noted any missing information

Screening Staff Member Signature _____ Date: _____ / _____ / _____