

Catholic Charities of the Diocese of Raleigh, Inc.
7200 Stonehenge Drive
Raleigh, North Carolina 27613-1620
(919) 821-9750
FAX (919) 821-9712

Providing Help-Creating Hope-Serving All

#### CHECK LIST FOR VOLUNTEERS - LEVEL C

Name: _				
Address:		City:	State:	_ZIP
Catholic	Charities Location:			
Supervis	or:			
Responsi	ibilities:			
Days Wi	ll Be Working:			
TO BE	COMPLETED BEFOR (And before a	RE A BACKGROU an intern can begin		AN BE DONE
1. Ap	oplication for Intern Serv	vice (Level C)		
2. Di	sclosure of Request for C	Consumer Report		
3. Al	DMINISTRATION - B	ackground Check (	Completed	
ADDIT	IONAL REQUIRE	MENTS		
1. Co	onfidentiality Agreement			
(Le the of Ca	tendance at Safe Environment Contendance at Safe Environment C	safe environment training late attended or plan to a k to the Safe Environme	attend and send co ent Training	_

I and of Interestion with Children and Vanth	I and of Consoning/Training
Level of Interaction with Children and Youth	Level of Screening/Training
Remote or Occasional Interaction – LEVEL A Remote: an adult volunteer who volunteers at a Catholic Charities	Application – Part A
Office/parish/school sponsored event or program primarily for	
children or youth, but would have little to no contact with them	
<b>Examples:</b> fundraising event, committee member, parking lot	
volunteer, audio-visual volunteer, religious education office helper	
Occasional: an adult volunteer who volunteers at a Catholic	
Charities Office/parish/school sponsored event or program	
primarily for children or youth, but would have brief, limited, or	
infrequent interaction (about 3 or fewer times per year) with them	
<b>Examples:</b> food pantry volunteer, front desk receptionist, parent	
classroom visitor/helper, arts and crafts volunteer, ticket taker,	
school board members	
Supervised Interaction - LEVEL B	Application – Parts A and B
<b>Supervised</b> : an adult <b>volunteer/intern</b> who volunteers at a	References checked
Catholic Charities Office/parish/school sponsored event or program	
primarily for children or youth who would have regular and	Agree to abide by the Code of Conduct
frequent interaction, but in a supervised capacity	
<b>Examples:</b> Family support, emergency assistance volunteer,	
clothing closet, parenting class, classroom aide/helper, lunch and	
playground helpers, young adult volunteers who are not legally	
chaperones but not legally youth either (18-21 year olds)	
Unsupervised Interaction(and all employees) - LEVEL C	Application for Level C
<b>Unsupervised:</b> an adult <b>volunteer/intern</b> who volunteers at a	References checked
Catholic Charities Office/parish/school sponsored event or program	
primarily for children or youth who would have regular and	Agree to abide by the Code of Conduct
frequent unsupervised interaction, or supervises adult volunteers	
who interact with children and youth	Required to attend Safe Environment Training
Examples: Clinical internship, Smart Start class, childcare,	
summer camp volunteer, coordinator of Youth Ministry.	
Chaperones for overnight events, Scout Troop Leaders, Catechists	
for Children and Youth, DRE's, Tutors, Nursery Staff	
Level C volunteers/interns should attend safe environment training	
prior to beginning their role.	
All employees are Level C and have 60 days from date of hire to	
complete safe environment training.	

### **Components of the Volunteer/Intern Application Form:**

Level A Level C volunteers/interns (and all employees)
Personal information
Personal information

Personal information
Sex Abuse Declarations
Personal information
Sex Abuse Declarations

Volunteer History

Level B (plus all of A)
Volunteer History

References (Verified by local site)

References Declarations

Declarations

Background screening includes:
National Criminal Records Search

National Sex Offender's Registry Search

<sup>\*</sup>If a person is registered on the state or national sex offender registry, they shall not be granted level A, B or C clearance.



Main Application

eAppsDB User ID _	
Password	

# Catholic Charities of the Diocese of Raleigh Application for Volunteer Service - Level C

What interests you about the position you are applying for?

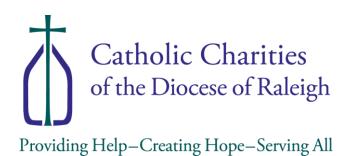
What has prepared you for the position that you are applying for?

Name:First	Mi	ddle	Last
Street Address:			
City/State/Zip:			
City		State	Zip
Length at current address	Years	Months	
Home Phone: Area Code	Number		
Work Phone: Area Code	Number		
Cell Phone: Area Code	Number		
Email Address:			_
Diocese of Raleigh Questio	nnaire		
What position are you applying for	or?		

Residential His	story						
Check her	e if you have lived in your	current reside	ence for l	onger th	nan 7 years	3.	
	your current residence for 7 top of this section.	or more years,	please do	not com	plete reside	ential his	tory. You only ne
Dates (mm/yyyy)	Street Addres	ss		City/	State/Zip		Country
Beg. Date							
End Date							
Beg. Date							
End Date							
olunteer Hist	ory						
	e if you have no voluntee	r history.					
ate will be current	nould include 7 of your most .	recent activities	s. If you a	re still pa	rticipating ir	n a volur	nteer program, er
Dates (mm/yyyy) (Start with most recent)	Organization City, State, Zip	Contac	ct		ct Phone	Po	osition/Duties
Beg. Date	<b>,</b>						
End Date							
Beg. Date							
End Date							
Beg. Date							
End Date							
References							
	ast 3 references.						
Reference Name First/Last	Addres		Dav	time	How long		Has this perso
	City, State		Pho		this per	son?	reference?
Work							
Personal							
Personal							
Other							

Declarations	
Catholic Charities of the Diocese of Raleigh appreciates you skills. Providing safe and secure programs for our members information gathered in this application is designed to help uprograms for the people of our community. Please read and I declare that all statements contained in this application is representation or omission is cause for rejection opposition. I understand and agree that false statements and/or present situations may be grounds for denial or services.	is of utmost importance to us. The as provide the highest quality Catholic initial the statements below: ion are true and that any of my application or dismissal from my and/or omissions regarding past conduct
I will observe and uphold all policies and procedures  Raleigh and for the program in which I am applying,  Personnel for the Diocese of Raleigh.	
I understand that Catholic Charities of the Diocese of FOR ABUSE and takes all allegations of abuse seriou Charities of the Diocese of Raleigh cooperates fully of alleged abuse. Abuse of minors or vulnerable adult possible criminal charges.	usly. I further understand that <b>Catholic</b> with the authorities to investigate all cases ts is grounds for immediate dismissal and
I understand I can withdraw from the application produced I hereby authorize <b>Catholic Charities of the Diocese</b> Professional background check for the purposes of m	e of Raleigh to conduct a personal and y application at Catholic Charities of the
Diocese of Raleigh. Catholic Charities of the Diocese past and current employer, church, youth organization been performed, and any individual or organization we position. I hereby release all of the above stated persodamages that might occur during Catholic Charities the individuals for purposes of employment or volunt information may be obtained from sources that I proveheld confidentially by Catholic Charities of the Diocenter of the Diocent	ns, agencies where volunteer service has which might be relevant to my desired ons from any and all liability for all of the Diocese of Raleigh's contact with ever services. I understand and agree that wided above and that this information will be cese of Raleigh. I have also read and
(This item allows institutions to forward their existing By my signature below, I authorize Catholic Chariti obtain a Consumer Report containing, without limitate connection with my application. I also authorize, with or other entity contacted by or on behalf of Catholic furnish the above described or similar information. A all causes of action that I may have against Catholic person, agency, or other entity providing information libel, slander, defamation, intentional or negligent information other injury of any kind or nature caused by the gather similar information. (Please Note: If you have no criminal or unobtrusive. Every effort is made to assure a criminal I understand that a criminal background check will be conducted during my service. I authorize investigation application.  My signature indicates that I have read and understan	es of the Diocese of Raleigh to request and tion, the above-described information in nout reservation, any person, agency, Charities of the Diocese of Raleigh to lso by my signature below, I waive any and Charities of the Diocese of Raleigh or any for inclusion in the Consumer Report for diction of emotional distress, or for any ering or supplying of the above described or minal record, the process is quick and I record is not reported falsely).  The conducted prior to and may be any of all statements contained in the
read and initialed the above statements.	ia ine above. Do not sign until you have
Applicant Signature	Date

Confidential Background Check Information
Please note: Information in this section is only used to obtain criminal records, which are reviewed by a diocesan official in strictest confidence.
Yes No Have you ever been convicted for physically, sexually, or emotionally abusing a child or an adult?  If yes, please explain:
YesNo Has a civil lawsuit or employment complaint ever been filed against you for child abuse or Sexual abuse?  If yes, please explain:
YesNo Have you ever left an assignment or employment or been removed from an assignment or employment for reasons related to allegations of child abuse, physical abuse or sexual abuse? If yes, please explain:
Yes No Have you changed your last name in the past 7 years?  If yes, what was your previous last name?
Yes No At any time during the past 7 years have you lived in a different state (within the United States) or do you currently live outside the state this Diocese is located in?  If yes, what state did you live in?
What are the last four (4) digits of your Social Security Number: ***-**-  OR what is your I-Tin Number:
Driver's License Number: Number:  Date of Birth: Month Day Year  Gender: Male Female



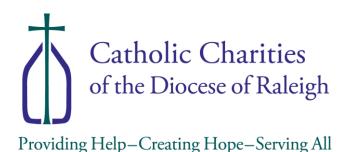
## DISCLOSURE OF REQUEST FOR CONSUMER REPORT FOR VOLUNTEERS AND INTERNS

In connection with your application for service as a volunteer/intern, Catholic Charities of the Diocese of Raleigh may request and have prepared a Consumer Report about you that may be used to evaluate your eligibility to serve as a volunteer/intern. I understand that a criminal background check will be conducted prior to and may be conducted during my service. I authorize investigations of all statements contained in the application.

The Consumer Report will be limited to your criminal history. Information for the Consumer Report may be requested from various Federal, State, local and other agencies that may store or have access to such information about you.

I hereby acknowledge that I have been provided the foregoing Disclosure of Request for Consumer Report and have been allowed to keep a copy for my records.

Printed Name:	
Address:	
Sionature	
orginature	-
Date:	



### CONFIDENTIALITY AGREEMENT FOR VOLUNTEERS AND INTERNS

I, the undersigned, hereby agree that I will not at any time, during my volunteer/intern service or after my service or association ends, access or use protected health information, or reveal or disclose to any persons within or outside of Catholic Charities of the Diocese of Raleigh, Inc., any protected health information except as may be required in the course of my duties and responsibilities and in accordance with applicable local, state or federal laws governing proper release of information.

I also understand that unauthorized use or disclosure of protected health information will result in disciplinary action up to and including termination of volunteer/intern service or association and the possible imposition of fines pursuant to applicable state and federal laws.

<u>Protected Health Information</u> is "individually identifiable health information including, without limitation, all information, data, documentation, and materials, including without limitation, demographic, medical, and financial information, that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual."

Volunteer/Intern Signa	