

Residential History

_____ Check here if you have lived in your current residence for longer than 7 years.

If you have lived in your current residence for 7 or more years, do not complete the residential history. You only need to check the box at the top of this sections.

Dates (mm/yyyy)	Street Address	City/State/Zip	Country
Beg. Date _____ End Date: _____			
Beg. Date _____ End Date: _____			

Volunteer History

_____ Check here if you have no volunteer history.

Volunteer history should include any experience applicable to the position to which you are applying. If you are still participating in a volunteer program, do not list an end date.

Dates (mm/yyyy) (start with most recent)	Organization City, State, Zip	Contact	Contact Phone Number	Position/Duties
Beg. Date _____ End Date: _____				
Beg. Date _____ End Date: _____				
Beg. Date _____ End Date: _____				

References – Please give at least 3 references

Reference Name First/Last	Address (City/State/Zip)	Daytime Phone	How long have you known this person?	Has this person agreed to be a reference?
Work				
Personal				
Personal				
Other				

Declarations

Catholic Charities of the Diocese of Raleigh appreciates 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 the statements below:

_____ I declare that all statements contained in this application are true and that any misrepresentation or omission is cause for rejection of my application or dismissal from my position. I understand and agree that false statements and/or omissions regarding past conduct and/or present situations may be grounds for denial of the application to provide intern services.

_____ I will observe and uphold all policies and procedures for **Catholic Charities of the Diocese of Raleigh** and for the program in which I am applying, the Code of Conduct for Church Personnel for the Diocese of Raleigh.

_____ I understand that **Catholic Charities of the Diocese of Raleigh** has a ZERO TOLERANCE FOR ABUSE and takes all allegations of abuse seriously. I further understand that **Catholic Charities of the Diocese of Raleigh** cooperates 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 I can withdraw from the application process at any time.

_____ I hereby authorize **Catholic Charities of the Diocese of Raleigh** to conduct a personal and Professional background check for the purposes of my application at **Catholic Charities of the Diocese of Raleigh**. **Catholic Charities of the Diocese of Raleigh** may contact any references, past and current employer, church, youth organizations, agencies where volunteer service has been performed, and any individual or organization which might be relevant to my desired position. I hereby release all of the above stated persons from any and all liability for all damages that might occur during **Catholic Charities of the Diocese of Raleigh's** contact with the individuals for purposes of employment or volunteer services. I understand and agree that information may be obtained from sources that I provided above and that this information will be held confidentially by **Catholic Charities of the Diocese of Raleigh**. I have also read and understood the above stated information within the release and am signing below of my own free will.

_____ (This item allows institutions to forward their existing records. This is a standard disclaimer.) By my signature below, I authorize **Catholic Charities of the Diocese of Raleigh** to request and obtain a Consumer Report containing, without limitation, the above-described information in connection with my application. I also authorize, without reservation, any person, agency, or other entity contacted by or on behalf of **Catholic Charities of the Diocese of Raleigh** to furnish the above described or similar information. Also by my signature below, I waive any and all causes of action that I may have against **Catholic Charities of the Diocese of Raleigh** or any person, agency, or other entity providing information for inclusion in the Consumer Report for libel, slander, defamation, intentional or negligent infliction of emotional distress, or for any other injury of any kind or nature caused by the gathering or supplying of the above described or similar information. (Please Note: If you have no criminal record, the process is quick and unobtrusive. Every effort is made to assure a criminal record is not reported falsely).

_____ 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.

_____ My signature indicates that I have read and understand the above. **Do not sign until you have read and initialed the above statements.**

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 Catholic Charities/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:

_____ Yes _____ No Has a civil lawsuit or employment complaint ever been filed against you for child abuse or Sexual abuse?

If yes, please explain:

_____ Yes _____ No 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: State _____ Number: _____

Date of Birth: Month _____ Day _____ Year _____

Gender: Male _____ Female _____