

2015 Edition

of the
DIOCESE OF COVINGTON
Creating a Safe Environment/Addressing Sexual Misconduct

Acceptance Form

I have reviewed the Diocese of Covington's Policies and Procedures for Addressing Sexual Misconduct. I understand and agree to abide by such Policies and Procedures. I understand that I have access to a copy at www.covdio.org/safe-environment/ under parish/school leaders or volunteers/parents.

Name (please print) _____
(Full First) (Full Middle) (Full Last)

Maiden Name _____ Role in Diocese _____

My position is ___ volunteer ___ paid Position _____

Parish/School/Institution/Agency _____

City _____

I have filled out the Application Form, signed it and left it with the **primary** parish, school or institution where I wish to volunteer or be employed. (This is usually your parish.)

I will register at www.virtus.org and sign up for a VIRTUS training session. I understand that I will be expected to read bulletins online after my training session is finished and my paperwork is processed.

NOTE: If you have already signed up for or attended a live training session, please list the place and date:

Signature _____

Date _____

For Coordinator Use:
Date background check results recorded:
Acceptance Form sent:
Submitted by:

For Curia Use:

Roman Catholic Diocese of Covington
VOLUNTEER APPLICATION

A background check is required for all employees and volunteers in the Diocese of Covington. Background check results are returned to the Diocese and are reviewed by those individuals authorized to do so. Information provided shall be held strictly confidential. Employees and volunteers are disqualified from further consideration if the background check reveals a previous conviction involving either sexual misconduct or violence. Please complete the application form thoroughly and return it to the parish, school or institution where you are employed or volunteer.

FOR WHAT PARISHES/SCHOOLS/ORGANIZATIONS WILL YOU BE VOLUNTEERING? _____

IN WHAT CAPACITY WILL YOU BE VOLUNTEERING? _____

PERSONAL INFORMATION

NAME _____
Full Last Full First Full Middle Maiden

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH (Month/Day/Year) _____

EMAIL ADDRESS _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ COUNTY _____

TELEPHONE (____) _____

PREVIOUS VOLUNTEER EXPERIENCE

Begin with most recent experience and list chronologically. Use the back of this sheet if needed.

Organization Name	DATES: From/To	Nature of Experience

REFERENCES

NAME	TELEPHONE NUMBER

PREVIOUS ADDRESSES (List addresses over the past ten years if different from above)

I certify that all information given or referred to in this application is true and correct to the best of my knowledge.

APPLICANT SIGNATURE (Required) _____ DATE _____