

The Basilica Parish  
of the  
Sacred Hearts of Jesus and Mary

Volunteer and Employee Forms



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# Volunteer Service Request Form

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Entity: \_\_\_\_\_

## **REQUEST**

**Please complete all this information, sign and date it. Please print.**

Name \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Last First Middle Cell Phone #: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Address \_\_\_\_\_  
Street Location (Not PO Box)

For checking prior records, provide other names you have used: \_\_\_\_\_

Ministry or Ministries Requested: \_\_\_\_\_

How long have you been a member of our parish or school community? \_\_\_\_\_

Circle the days you can volunteer: M T W T F S S

List times you are available each day: \_\_\_\_\_

Have you previously volunteered for a church ministry? If YES, please list the date(s), parish or school name and location, and the ministry you performed.

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

List any training for church ministry you have received: \_\_\_\_\_

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

Have you ever been discharged from volunteering for any reason?  Yes  No

If Yes, please explain \_\_\_\_\_

Have you ever been convicted of a crime other than a minor traffic violation?  Yes  No

If Yes, please explain \_\_\_\_\_

Do you currently use illegal drugs?  Yes  No

Are you aware of any situation that would affect your ability to serve as a volunteer?  Yes  No

If Yes, please explain \_\_\_\_\_

What level of education have you attained?  <ES  ES  HS  AA/AS  BA/BS  
 MA/ MS  >MA/ MS

List foreign languages you know and indicate level of proficiency and fluency:

Speak: \_\_\_\_\_ Read: \_\_\_\_\_ Write: \_\_\_\_\_

What computer software do you know? \_\_\_\_\_

Typing \_\_\_\_\_ wpm Drivers License Type:  Chauffeur  Commercial  Regular

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Volunteer

**APPROVAL**

**FOR ADMINISTRATOR USE ONLY**

Request to serve as a volunteer:  Approved  Denied

\_\_\_\_\_ VL \_\_\_\_\_  
Approved Ministry Dept. ID

Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Supervisor \_\_\_\_\_

Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Request Approved by: \_\_\_\_\_  
Signature Date

\_\_\_\_\_

Print Signer's Name and Title

**PLEASE READ THE FOLLOWING CAREFULLY UPON APPROVAL OF YOUR REQUEST**

1. I have read this entire form. I understand and agree to all of its contents. I certify that all answers given on this form are true and complete to the best of my knowledge, and I understand that falsification in any detail is grounds for disqualification from further consideration or for dismissal from any volunteer role with a parish, school or other entity.
2. I agree to inform the parish, school or other entity of any changes to the foregoing information.
3. I acknowledge receipt of the Diocesan Child Protection Policy, which consists of the Code of Pastoral Conduct and the Volunteer's Code of Conduct , agree to read it and be responsible to follow the policies and procedures it contains.
4. I understand that I must comply with the policies, rules and precepts of the entity I serve.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Volunteer

**FOR ADMINISTRATOR USE ONLY**

- |   |   |
|---|---|
| <input type="checkbox"/> Screening Form Completed                 | <input type="checkbox"/> Child Protection Policy Provided |
| <input type="checkbox"/> Volunteer Entered into PayForce Database | <input type="checkbox"/> Screening Registered             |

**VIRTUS** Training Scheduled: \_\_\_\_\_ **VIRTUS** Training Occurred: \_\_\_\_\_

**Notes:** \_\_\_\_\_

# SCREENING CONSENT and DISCLOSURE FORM

**PLEASE PRINT**

If necessary, please use additional paper to answer questions below

ENTITY: \_\_\_\_\_  Parish  School

NAME: \_\_\_\_\_  
First Middle Last

GENDER:  Male  Female HEIGHT: \_\_\_\_\_ ' \_\_\_\_\_ " EYE COLOR: \_\_\_\_\_

RACE:  Am. Indian/Alaskan Native  Asian  Black or African Am.  Hispanic or Latino  Pacific Islander  White

OTHER (MAIDEN, SURNAME, ALIAS) NAME(S) USED: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

PRIOR ADDRESSES within the last 10 years: \_\_\_\_\_

PHONE #: \_\_\_\_\_ SS#: \_\_\_\_\_ DATE of BIRTH: \_\_\_\_\_

## RELEASE AUTHORIZATION

1. In connection with my application and continuation as a  Volunteer or  Employee I understand the Entity named above (hereafter "Entity") or its designee will obtain information as to my possible criminal history, valid social security number, registration on any state's sex abuse registry, and /or Department of Motor Vehicle (upon request) from  ADP Screening and Selection Services, 301 Remington St., Fort Collins, Co 80524 1-800-367-5933 or  HireRight, 4500 S. 129th E. Avenue Suite 200, Tulsa, OK 74134-5885. 1-877-858-4165.
2. I acknowledge that a telephonic facsimile (FAX) or photographic copy of this Release Statement shall be as valid as the original.
3. I hereby authorize, without reservation, any law enforcement agency, institution or information service bureau contacted by the Entity or its designee, to furnish the information requested by the Entity or its designee. I understand that the Roman Catholic Diocese of Rockville Centre, New York (the "Diocese") provides administrative services to the Entity and, in such capacity, is an entity for the purposes of this Release Statement.
4. I understand that information obtained in the reports may be used by the Entity in making a continued volunteer or employment decision. I further understand that failure to consent to the release of reports detailing a possible criminal background and a social security number validation will render me ineligible for consideration and, if hired, for continuing my status as a volunteer or employee with the Entity.

I understand that the information requested above is the information required by law enforcement agencies and other entities for positive identification purposes when checking public records. I understand that, to the extent such information is not public information, it is confidential and will not be used for any other purposes. I hereby release the Entity and the Diocese, and the Bishop thereof, and all of their employees and agents, and all persons, agencies, and entities providing information or reports about me, from any liability arising out of requests for or release of any of the above-mentioned information or reports.

SIGNATURE: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

## **Article 23-A of the New York State Correction Law**

In sum, Article 23-A provides the following:

- No application for employment shall be denied or acted upon adversely by reason of an individual's having been previously convicted of one or more criminal offenses unless:  
(1) there is a direct relationship between the criminal offenses and the specific employment sought or held by the individual; or (2) the continuation or granting of the employment would involved an unreasonable risk to property or the safety or welfare of specific individuals or the general public.
- In making an employment – related determination concerning an individual who has a criminal offense in his/her background, an employer shall consider such factors as the following:
  - the public policy of New York State to encourage the employment of persons previously convicted of one or more criminal offenses;
  - the specific duties and responsibilities of the employment sought or held by the person;
  - the bearing the criminal offense(s) will have on the individual's fitness or ability to perform job responsibilities;
  - the time that has elapsed since the occurrence of the criminal offense or offenses;
  - the age of the individual at the time of occurrence of the criminal offense or offenses;
  - the seriousness of the crime(s) respecting there was a conviction;
  - any information presented in regard to the individual's rehabilitation and good conduct; and
  - the legitimate interest of the employer in protecting property, and the safety and welfare of individuals or the general public.
- At the request of any person previously convicted of a criminal offense, who has been denied a license or employment, the employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such a denial.
- Article 23-A is enforceable by the New York State Division of Human Rights.



#### IV. Volunteer's Code of Conduct

Our children are the most important gifts God has entrusted to us. As a volunteer, I promise to strictly follow the rules and guidelines in this Volunteer's Code of Conduct as a condition of my providing services to the children and youth of our [parish, school, facility, diocese, etc.].

**As a volunteer, I will:**

- Treat everyone with respect, loyalty, patience, integrity, courtesy, dignity, and consideration.
- Avoid situations where I am alone with children and/or youth at Church activities.
- Use positive reinforcement rather than criticism, competition, or comparison when working with children and/or youth.
- Refuse to accept expensive gifts from children and/or youth or their parents without prior written approval from the pastor or administrator.
- Refrain from giving expensive gifts to children and/or youth without prior written approval from the parents or guardian and the pastor or administrator.
- Report suspected abuse to the pastor, administrator, or appropriate supervisor and *the New York State Child Registry (1-800-342-3720)*. I understand that failure to report suspected abuse to civil authorities is, according to the law, a misdemeanor.
- Cooperate fully in any investigation of abuse of children and/or youth.

**As a volunteer, I will not:**

- Smoke or use tobacco products in the presence of children and/or youth.
- Use, possess, or be under the influence of alcohol at any time while volunteering.
- Use, possess, or be under the influence of illegal drugs at any time.
- Pose any health risk to children and/or youth (i.e., no fevers or other contagious situations).
- Strike, spank, shake, or slap children and/or youth.
- Humiliate, ridicule, threaten, or degrade children and/or youth.
- Touch a child and/or youth in a sexual or other inappropriate manner.
- Use any discipline that frightens or humiliates children and/or youth.
- Use profanity in the presence of children and/or youth.

I understand that as a volunteer working with children and/or youth, I am subject to a thorough background check including criminal history. I understand that any action inconsistent with this Code of Conduct or failure to take action mandated by this Code of Conduct may result in my removal as a volunteer with children and/or youth.

\_\_\_\_\_  
Volunteer's Printed Name

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

# Code of Pastoral Conduct for Priests, Deacons, Pastoral Ministers, Administrators, Staff, and Volunteers

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Basilica Parish of the Sacred Hearts of Jesus and Mary

Affirmation:

I acknowledge receipt of the Code of Pastoral Conduct for Priests, Deacons, Pastoral Ministers, Administrators, Staff, and Volunteers, agree to read it and be responsible to follow the policies and procedures it contains.

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Signature

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Date

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Printed Name