



CATHOLIC CHARITIES, DIOCESE OF VENICE, INC.
VOLUNTEER APPLICATION

Dear Volunteer,

Thank you for offering your time and talent to work with Catholic Charities. Volunteers such as yourself are indispensable to our programs. The policy of the Diocese of Venice requires background screening and Safe Environment Training of all volunteers who have access to minors and vulnerable adults. Please supply the following information below and return this form to the appropriate director. (see instructions for names and addresses)

Please Print

Diocesan Entity: Catholic Charities - list office site _____

Volunteer Position Sought: _____ DOV screened w/in 5 yrs? _____

Your Name: _____ Social Security #: _____

Home Address, City, Zip: _____ Phone #: _____

Florida Residency: ___Permanent ___Seasonal

Current Memberships (religious/community/business/professional) or special skills: _____

REFERENCES: Please list names, addresses and phone numbers of those who are familiar with your character. Two NON-FAMILY references, please.

Table with 3 columns: Name, Address, City, Zip, Phone. Contains two numbered reference lines.

If working with youth, please identify prior experience:

Emergency Contact: (name & phone #) _____

Have you ever committed, been arrested, been convicted or, plead guilty or no contest to a crime? Yes No
If yes, please identify: _____

Applicant Authorization and Release

I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any volunteer position with children and vulnerable adults is conditioned on a satisfactory background check and agree to complete an attestation of good moral character, be electronically fingerprinted and cleared by the FDLE/FBI and complete Safe Environment Training.

In connection with the above request to serve as a volunteer, I authorize the Diocese of Venice to investigate my background, and hereby release said information to them. I further release and discharge from liability the Diocese of Venice, their agents, employees, officers and other persons from all liability arising from the investigation or disclosure of the requested information, as well as those companies, agencies, officials, officers, employees and other persons, who in good faith provide this information.

Signature: _____

Date: _____

CC Internal Use Only

Reference #1 checked by: _____

Date: _____

Reference #2 checked by: _____

Date: _____

Date Fingerprinted: _____

Date Cleared: _____

Date of Safe Environment Training: _____

District Director Signature: _____