

Worthy of the Call 2.0

APPLICATION PACKET

(for Volunteers Under the Age of 18)

If you are a youth between the ages of 14-17 and would like to volunteer in any parish or school in the Archdiocese of Baltimore, you must complete the following steps:

- 1. Complete the “Application for Volunteer Services” to be signed by both youth and parent.**
- 2. Review and complete “Acknowledgement of Review of Archdiocesan Booklets”**
Code of Conduct Booklet:
<https://www.archbalt.org/wp-content/uploads/2017/10/Code-of-Conduct-Text-FINAL.pdf>

Statement of Policy Booklet:
<https://www.archbalt.org/wp-content/uploads/2017/10/AOB-Statement-of-Policy-STV-Revision-FINAL-101717.pdf>
- 3. Have all three of your references complete one of the Reference Letter forms** included in the application packet.
Reference Requirements:
 - Must be 18 years or older
 - Family Friend/Neighbor – May not be family member
 - Parent or Guardian (only one)
 - Teacher/Coach/Employer
- 4. Attend the *Worthy of the Call* training session.** That you have signed up for in the “Sign Up Genius”

NOTE: All paperwork is included in this packet and must be completed, signed, and returned by mail or dropping off at the Parish Center or via email to Susan Lea slea@shgparish.org or Aly Callahan acallahan@shgparish.org **prior** to your registered WOTC training session.

Parish Center Address: Attn: WOTC Volunteer Screening Coordinator
Sacred Heart Parish
P.O. Box 3672
Glyndon, MD 21071-3672



ARCHDIOCESE OF BALTIMORE
APPLICATION FOR VOLUNTEER SERVICE

Revised 2015

I. Contact Information

Title: (if applicable): Br Dr. Mr. Ms. Rev. Sr.

 Last Name First Name Suffix

Other names Previously Used (if applicable) _____

Present Street Address _____

City State Zip
 (____) _____ Home Work Mobile Other _____

Primary Phone
 (____) _____ Home Work Mobile Other _____

Alternate Phone _____ Date of Birth: _____ (If Applicant is under 18 years)

Email Address _____

Are you a member of a parish in the the Archidocese of Baltimore? Yes No
 If yes, how long? _____ Parish Name _____ City _____

II. Volunteer Services

Parish Child Care Facility School Other _____

What position(s) are you applying for? _____

What interests you about the position(s)? _____

What has prepared you for the position(s) for which you are currently applying? _____

III. Volunteer/Work Experience

Have you ever applied for or served as a volunteer or employee in any parish, school, or institution within the Archdiocese of Baltimore?

Yes No If yes, which location (s): _____

Please list your volunteer/work experience with church/civic/non-profit organizations.

(Attach additional sheet of paper if necessary)

Organization	Duties	Dates	Contact	Phone

IV. Archdiocesan Policy

1. Have you ever had your volunteer services or employment terminated by any parish, school, or institution? Yes No
2. Have you been terminated from volunteer service or employment due to suspected child abuse? Yes No
3. Have you ever been accused of physically, sexually or emotionally abusing a child or have you ever been accused of neglecting a child? Yes No

If you answered YES to any of the above questions, please explain:

Reviewed by:

V. Education

Please list education, training and/or certifications received that are relevant to the position for which you are currently applying?

All volunteers with substantial contact with minors and/or those who are designated by the Responsible Administrator must complete Section VI.

VI. References (3 required -- provide one in each category -- must be 18 years or older)

Reference Type	Reference Name	Address (City, State, Zip)	Daytime Phone	How long have you known this person?	What is your relationship with this person?
Personal* (1)					
Family Member/Other Personal					
Professional/Civic *(2)					

* (1) If previously volunteered or worked for Archdiocese, this reference must be applicant's most recent supervisor.

* (2) If reference phone/address is for a business, please provide the name of the company.

VI. The Archdiocese of Baltimore appreciates your willingness to share your faith, gifts, and skills. Providing safe and secure programs is of utmost importance. The information gathered in this application is designed to help our parishes, schools, and institutions provide the highest quality Catholic programs for the people of our community.

- I have reviewed a copy of the *Code of Conduct for Church Personnel in the Archdiocese of Baltimore*.
- I have reviewed a copy of *A Statement of Policy for the Protection of Children & Youth* of the Archdiocese of Baltimore.
- I understand and agree that false statements and/or omissions regarding past conduct and/or present situations is cause for rejection of my application or dismissal from my volunteer service.
- I agree to observe all of The Archdiocese of Baltimore guidelines and policies for the program in which I am applying.
- I understand that The Archdiocese of Baltimore takes all allegations of abuse seriously. I further understand that The Archdiocese of Baltimore 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 hereby authorize the Archdiocese and/or the above named organization to conduct a personal and professional background check for the purpose of my application. They may contact references; past and current employers; churches, youth organizations, or agencies where I have provided volunteer service; and any other individual or organization that may have information relevant to my application.
- I hereby release all of the above stated entities and their agents from any and all liability in connection with providing information, investigating or evaluating my application.
- I waive any right that I may have to inspect any information provided about me in connection with this application.
- I have read and understood the above stated information within this release and am signing below of my own free will.

Applicant Signature

Date (MM-DD-YY)

Parent/Guardian Signature (if applicant is under 18 years)

Date (MM-DD-YY)

Parish/School: _____	Reviewed By: _____
Date Received: _____	Date Submitted: _____
	Date Approved: _____



ARCHDIOCESE OF BALTIMORE
VOLUNTEER ACKNOWLEDGEMENT
of Receipt and Review

I have received and reviewed a copy of the ***Code of Conduct for Church Personnel in the Archdiocese of Baltimore.***

I have received and reviewed a copy of ***A Statement of Policy for the Protection of Children and Youth*** of the Archdiocese of Baltimore

I agree to comply with these Documents

Volunteer Name (**PRINTED**)

Signature of Volunteer

Date

***If above Volunteer is Under 18,
provide Parent/Guardian Name (PRINTED)**

Signature of Parent/Guardian

Date

The Archdiocesan booklets are available to download and review at that the following links:

Code of Conduct Booklet: <https://www.archbalt.org/wp-content/uploads/2017/10/Code-of-Conduct-Text-FINAL.pdf>

Statement of Policy Booklet: <https://www.archbalt.org/wp-content/uploads/2017/10/AOB-Statement-of-Policy-STV-Revision-FINAL-101717.pdf>

Effective November 2017



ARCHDIOCESE OF BALTIMORE
 OFFICE OF CHILD AND YOUTH PROTECTION
REFERENCE CHECK FOR VOLUNTEERS

Written Reference

_____ has applied to serve as a volunteer at _____.

The Archdiocese of Baltimore and _____ have a strong commitment to supporting healthy ministry to children and youth. For this reason it is our policy to ask certain questions of all applicants for employment and volunteer work, and of the people whose names are provided as reference. Please check the appropriate response to the following questions.

1. To your knowledge, has the applicant ever been accused of, charged with, or convicted of child abuse? Yes No

2. To your knowledge, has the applicant ever been terminated from any volunteer service or employment due to suspected child abuse? Yes No

3. Are you aware of any reason why the applicant should not be placed in a position where he/she will be working with children and youth? Yes No

4. To your knowledge, is there any reason why applicant should not serve as a volunteer at (name of parish/school). Yes No

If yes, please explain:

This reference must be signed and dated.

Name

Relationship to Volunteer

Date

PLEASE RETURN THIS FORM TO:

Attn: WOTC Volunteer Screening Coordinator
 Sacred Heart Parish
 P.O. Box 3672
 Glyndon, MD 21071-3672



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