

2007 Edition

of the
DIOCESE OF COVINGTON
Policies and Procedures for Addressing Sexual Misconduct

Acceptance Form

I have received a copy of the Diocese of Covington's Policies and Procedures for Addressing Sexual Misconduct. I understand and agree to abide by such Policies and Procedures.

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

Role in Diocese _____
My position is ___ volunteer ___ paid

Parish/School/Institution/Agency _____

City _____

I have filled out the Application Form, signed it and returned it to 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 _____

Please complete the acceptance form and application form, sign them and return them to the **primary** parish, school institution or agency where you are employed or volunteer.

For Coordinator Use Only:

Date the background check excel sheet was submitted to Steve Kopllyay:

Submitted by:

Rvsd. 10/2008

Roman Catholic Diocese of Covington
VOLUNTEER APPLICATION

In what capacity will you be volunteering?

For what parish / school / organization will you be volunteering?

Note: 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 only one individual 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.



PERSONAL INFORMATION

NAME

Last

First

Middle Name

Maiden

SOCIAL SECURITY NUMBER _____ / _____ / _____

DATE OF BIRTH (Month/Day/Year) _____

EMAIL ADDRESS (required for background check return) _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

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

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 _____