

FOR OFFICE USE ONLY

PSID #



DIOCESE OF  
METUCHEN

## Volunteer Application

Diocese / Parish / School / Facility:

Town / City:

### Please provide your legal name

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Maiden Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Nickname/Alias \_\_\_\_\_

### Home Address

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

How long at current address: \_\_\_\_\_

Phone: Home (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address Same as the address provided above: YES NO

If no, please provide the mailing address

### Employers Info

Current Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

Name of Volunteer Service Position: \_\_\_\_\_

**What Parish do you belong to?**

Name \_\_\_\_\_

City / Town \_\_\_\_\_ For How Long? \_\_\_\_\_

**Background Check**

Check here \_\_\_\_\_ if you have had a criminal records check with one of the Diocese of Metuchen

Catholic Schools and/or Parishes.

*If you checked off that you had a criminal records (Background) check, please provide the below information of where you had your Background check. If you had a background check for more than one Parish/School, please attach an additional page listing all other Parishes/Schools that you needed to do a background check for.*

Name of Parish/School: \_\_\_\_\_

City/Town of the Parish/School: \_\_\_\_\_

Enter date of last record check: \_\_\_\_\_

Did you submit a Protecting God’s Children Certificate to the Parish/School:                      YES                      NO

Have you ever been convicted of a felony or misdemeanor?                      YES                      NO

If yes, explain:

**NOTICE:**

If you are applying for a position where you will have direct contact with a child or children under the age of 18 years in more than one instance; or where you will engage in an overnight activity with a child or children under the age of 18, even in one instance; or where you will have contact with adults who are senior citizens or who have physical or mental limitations, you shall be subject to a criminal history background investigation before your volunteer services begin.

**Volunteer Applicant Consent Form for a  
Criminal History Background Investigation**

**Please review the following information carefully and sign below where indicated.**

I, \_\_\_\_\_ certify and declare under penalty of perjury under State and Federal  
name of volunteer applicant

law that the information contained in my Volunteer Application submitted to the Diocese of Metuchen (the "**DIOCESE**") is complete, true and accurate. I understand that falsification or omission of any requested information may result in immediate termination of my volunteer position or activities.

I understand that as part of my volunteer application process and as part of my volunteer activities, a criminal background investigation may be performed on me. In consideration of the **DIOCESE's** review of my application to volunteer and/or my continuing volunteer activities, I now consent to and allow the **DIOCESE**, or its authorized agents bearing this release or copy of this release, to perform a criminal and personal background investigation on me. I also authorize them to contact any past church, youth organizations, agencies where volunteer service have been completed, and any individual or organization which might be relevant to my desired volunteer position. Such individuals and organizations are authorized to release such information as may be requested by Diocesan/Parish personnel.

I authorize all persons and organizations, including law enforcement agencies and Courts that may have information concerning this background investigation, to disclose such information to the **DIOCESE** or its authorized agents. I hereby release the **DIOCESE**, its authorized agents, and all persons and organizations providing information from all claims and liabilities of any nature in connection with this investigation. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original.

I understand that the Diocese of Metuchen and Parish have a "ZERO TOLERANCE FOR ABUSE" policy and that they take all allegations of abuse seriously. I further understand that they will cooperate fully with the authorities to investigate all claims of abuse. A claim of abuse of any child or any vulnerable adult, including any person who is elderly or has physical or mental limitations, are grounds for immediate termination of my service.

I further attest that I will read and abide by the Diocesan, Pastoral Code of Conduct when working with minor children and vulnerable adults.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

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