Diocese of Portland, Maine Volunteer Application – Extraordinary Ministers of Holy Communion

Parish:	Town/City:		
Accommodations to enable all incadvance request.	dividuals to participate ir	the application process will be provided upon	
Name:		Date of Birth:	
Maiden Name:	Street address:		
City:	State:	Zip:	
How long have you lived at your	current address?:		
Phone: Home: ()	Work: () _	Cell: ()	
E-mail:			
Location/Address of Volunteer So	ervice: Volunteer Positio	n:	
What parish do you belong to?		For how long?	
Do you have a Valid Driver's Lic	ense? If so: State	Number	
Check here if you have had Catholic schools in the past five y		k with one of the Diocese of Portland's ertification:	
Check here if you have had past five years.	d a criminal records chec	k with one of the Maine public schools in the	
Have you ever lived in a state oth	er than Maine?	<u> </u>	
Please list all your addresses in th	ne past five years: If yes,	please list states/dates (Ex: Ohio 2008- 2012)	
Have you ever been accused of pl Yes/No If yes, please exp		notionally abusing a child or an adult?	

Your willingness to share your faith, gifts, and skills is appreciated. Providing safe and secure programs for our members is of utmost importance to us. The information gathered in this Volunteer Application is designed to help us provide the highest quality Catholic programs for the people of our community.

Please read each of the following statements carefully and initial each to indicate your

understanding and agreement.	
I hereby authorize the recipient of this application, or its agent or designated vendor, to conduct a personal and professional background and reference check. I hereby authorize such personnel to contact any references, past and current employers, church, youth organizations, agencies where volunteer service has been completed and any individual or organization that might be relevant to my desired position. Such individuals and organizations are authorized to release such information as may be requested. I hereby release all such persons from liability or damages incurred as a result of furnishing such information. I understand that an unsatisfactory reference shall be grounds both for rejecting my application and, should I have already begun volunteer service, for termination of that service.	t
I understand that a background check will be conducted in conjunction with my service and that am subject to investigation at any time during my service. I hereby authorize diocesan personnel or their agent or designated vendor to, in their sole discretion, undertake such an investigation at any time during the course of my service. In the course of my service, these checks will include but are not limited to a comprehensive criminal history records check, a Department of Health and Human Services check, a see offender registry check, and a driving record check in conjunction with my volunteer service.	r Ig
I agree to observe all diocesan and parish guidelines and policies governing my volunteer servic	e.
I understand that the Diocese and parish have a "ZERO TOLERANCE FOR ABUSE" policy an take all allegations of abuse seriously. I further understand that they will cooperate fully with the authorities to investigate all cases of alleged abuse. Abuse of minors or vulnerable adults are grounds for immediate termination of my service and possible criminal prosecution.	
I understand that I can withdraw from the application process at any time.	
After reading all of the terms of this application, I hereby affirm that I understand and agree to the provisions of the same. I also agree that my volunteer service with the Diocese and the parish is on an "will" basis, meaning that such may be permanently discontinued by either the Diocese or the parish (through termination of my service) or myself (through voluntarily resigning) at any time without notice and without any recourse of any kind by either party. I agree to conform to Diocese or parish rules, and also agree that I shall be subject to other conditions which the Diocese or parish may adopt. I affirm that the information in this application is true and complete, and any intentional deception herein may be considered sufficient cause for termination.	e I
My signature below indicates that I have read and understand all of the above. Do not sign until you have read, understood, and <u>initialed</u> your agreement to each of the above statements	
Applicant Signature: Date://	