

#### Dear Parish Volunteer:

Thank you for your interest in volunteering to serve our parish. In an effort to keep our children safe, the Archdiocese of Newark requires all volunteers in all ministries to complete a volunteer form, do a background check and attend a Protecting God's Children session. Doreen Allaghi is the Local Safe Environment Coordinator for Queen of Peace, her contact information is dallaghi@qpcna.org, 201-997-0700 x116.

The volunteer forms are attached. Please fill out the form and email them to Doreen or drop them off at the rectory office. The next step is to create an account and sign into <a href="https://www.virtusonline.org">www.virtusonline.org</a>. Once you create an account, you will be prompted to do a background check. Please fill in the form with your information. Once you complete the background check, you will be able to register for a Protecting God's Children session. The classes are held locally in both Spanish and English.

Thank you for your continued commitment to serve your parish.

Blessings and Peace,

Rev. Anthony Di Stefano, Pastor

Doreen Allaghi, LSEC

(201) 997-0700 — FAX (201) 997-6214 WWW.QPCNA.ORG

## VOLUNTEER APPLICATION

#### PLEASE PRINT CLEARLY Location: Parish/School Name: \_\_\_ Today's Date: Mr. Ms.\_\_ Mrs.\_\_\_ Miss (Check one) Last Name: Middle: First Name: Home Street Address: Zip code: State: City: Date of Birth: (for background check) Home Phone: ( Volunteer position for which you are applying: Work Phone: ( E-Mail Address: Cellular Phone: ( Yes\_\_\_ (If yes, please complete information below) No\_\_ Are you currently employed? Address: Employer: Describe Job Duties: EMERGENCY INFORMATION: Relationship: Cell Phone Home Phone: ( Work Phone: ( ) Please check if applicable: You are a member of the clergy seeking service in the Archdiocese You are a deacon candidate You are a seminarian Please indicate if you are: A current employee or volunteer for this parish or school What position\_\_\_\_\_ Please specify your parish/school. If not a member of a parish, or associated with a school, please leave blank: City Parish/School How long have you been associated with this parish/school? 14

## APPENDIX B: CURRENT APPLICATIONS

Johnnteer history should	ning (Please list):  NCES:  I  I  I  I  I  I  I  I  I  I  I  I  I	High School Graduate (check) College Graduate: (check) Graduate School Graduate Relationship: Relationship:	Yes e (check) Yes Phone:	No
Name of Graduate School:  Specialized Education or Train  PERSONAL REFEREN  Name:  VOLUNTEER HISTOR  Volunteer history should	ning (Please list):  VCES:  I  I  I  I  I  I  I  I  I  I  I  I  I	Graduate School Graduate  Relationship:  Relationship:	Phone:	No
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Volunteer history should	include 5 of your me	ost recent activities	If you are still participa	ti in
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program, then indicate to	o" date as current.			
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Dates (mm/yyyy)	Organization	Contact	Contact Phone Number	Position/Duties
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	a particular type of assignment or volunteer duty you would prefer?
Please l	list special skills, training and languages:
Have y	ou attended the Protecting God's Children training? Yes No
	When Where Please attach a copy of your Protecting God's Children Certificate  you ever pled guilty to or been convicted of a crime? If yes, please give the date of the onviction, the location (i.e. jurisdiction) and state the nature of the crime.
Are th	here any criminal charges currently pending against you? If yes, please explain.
Have	your driving privileges been revoked in any state? If yes, please explain.
	S this position involve working with or around minors?  Yes No

## **DECLARATIONS**

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

Please read and initial each of the statements below:
I declare that my volunteer application is complete, that all statements are true, and agree that false statements and/or omissions, including those regarding past conduct and/or presensituations may be grounds for denial of my application to provide volunteer services of dismissal from my volunteer involvement.  I hereby authorize you to conduct a personal and professional reference check for the purpose of my application. You may, among other things, contact any references, church, youth organizations, agencies where volunteer service has been completed, and any individual organization which might have information relevant to my desired position, including consumer credit reporting agency (if my position entails handling money). I hereby release any person contacted from any and all liability for damages regarding statements given to you about me.  I also hereby give you permission to conduct a background check, including but not limited to a criminal arrest records check, abuse registry check, and driving record check for the purpose of my volunteer services. I agree to cooperate as necessary with the background screening process. See separate Notice attached regarding Credit Reporting Agency check.  I understand and agree that information may be obtained from sources that I provided in the application and that this information need not be revealed to me.  I agree to observe all of the guidelines and policies relevant to the program for which I are applying, including, but not limited to, the Archdiocesan Policies on Professional and Ministerial Conduct and the Harassment and Sexual Harassment Policy.  I understand that you have a ZERO TOLERANCE for abuse of minors and vulnerable adults and take all allegations of abuse seriously. I further understand that you cooperate fully with the authorities to investigate all cases of alleged abuse. Abuse of minors or vulnerable adults grounds for immediate dismissal and possible criminal charges.  I understand that I can withdraw from the application process at any ti
Do not sign until you have read and initialed the above and attached statements.
Applicant Signature Date://
Date of Birth: Social Security Number:
I have reviewed this application and have noted any missing information  Screening Staff Member Signature:  Date: / /

### NOTICE REGARDING CREDIT REPORTING AGENCY CHECK

Please take notice that the position for which you are seeking to volunteer your services may involve a check, now or in the future, of your background by using the services of a Credit Reporting Agency. If so, you have rights under the Fair Credit Reporting Act.

Initia	I authorize you to obtain such a report.
oday's Date	
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If name chan	ged (through marriage or otherwise) print former name here
If name chan	
If name chan	

#### Archdiocesan Code of Ethics

Church personnel shall exhibit the highest Christian ethical standards and personal integrity.

Church personnel shall conduct themselves in a manner that is consistent with the discipline, norms and teachings of the Catholic Church.

Church personnel shall not take advantage of a counseling, supervisory and/or authoritative relationship for their own benefit.

Church personnel shall not abuse or neglect a minor.

Church personnel shall share concerns about suspicious or inappropriate behavior with their supervisor, superior, or the Director of the Office of Child & Youth Protection.

Church personnel shall adhere to the requirements of the law of the State of New Jersey and the Memorandum of Understanding, described in Section VI.D. of the Policies on Professional and Ministerial Conduct, regarding the reporting of any suspected abuse of a minor.

Church personnel shall accept their personal responsibility in the protection of minors from all forms of abuse.

# Acknowledgment of Compliance with the Policies on Professional and Ministerial Conduct, including the Archdiocesan code of Ethics

My signature below indicates that I have received a copy of the Policies on Professional and Ministerial Conduct adopted by the Archdiocese of Newark; and that I have read and understand those Policies, including the Archdiocesan Code of Ethics, and agree to abide by all of the Policies and the Code of Ethics.

PLEASE PRINT	
Date	
Name	
Position	
Signature	
Name of Parish, School, or Other	
City	
Daytime Phone	
(Version 1/1	9)