



Volunteer Application

208 Columbus Avenue, New Haven, CT 06519 Phone 203 772-2424, Fax 203 772-2425

Name _____ Date _____
 Address _____
 City _____ Zip _____ D.O.B day _____ mo _____
 Phone (home) _____ (work) _____ (cell) _____
 Email addr _____
Circle the preferred way to reach you. Home phone, Work phone, Cell phone Email
 Employer or School _____
 Address _____
 Special professional training, skills, hobbies _____

 Community affiliations (clubs, service orgs, etc) _____

 Previous volunteer experience _____

 Have you ever been convicted or plead guilty to any crime? Yes _____ No _____ If yes, describe in full _____

 Have you ever been refused participation in any other youth program? Yes _____ No _____ If yes, _____
 explain _____

 Please circle one or more of the following volunteer activities in which you are interested:
Tutor: (subject(s) _____
Sports: (which sports) _____
Arts/Crafts: (which ones) _____
Other: Serve meals, Clerical, Maintenance Read Aloud Library Work
Circle when can you volunteer, during school day (9am to 3pm), end of school day (3:00pm to 5:30pm).
 Please list 3 references (1 employee, 2 co-workers/friends, or if a student, a guidance counselor, teacher, minister or employer.
 If possible, include at least one who has knowledge or your participation as a volunteer in a youth program.
 Name _____ Phone _____
 Address _____
 Email _____
 Name _____ Phone _____
 Address _____
 Email _____
 Name _____ Phone _____
 Address _____
 Email _____
 I **certify** that all information included in this application is true and correct to the best of my knowledge. I **authorize** St. Martin de Porres Academy to **contact** my employer and the individuals listed as personal references. I **agree** to advise St. Martin de Porres Academy immediately of any change in the information provided or representations made in this application. As a condition of volunteering, I **give** St. Martin de Porres Academy **permission** to **conduct** a background check on me, which may include review of sex offender registries, child abuse, and criminal history records.
 Signature _____ Date _____
 Name (please print) _____

For Office Use Only:

Application processed by: _____ Date _____

Applicant submitted Background Check Form Yes _____ No _____ Exempted _____

Applicant notified or Virtus program Yes _____ No _____ Exempted _____

Does applicant need assistance scheduling course? Yes _____ No _____

:

Applicant's nickname _____

Applicant's "greeting" Mr. ___ Mrs ___ Ms ___ Rev ___ Dr ___ Prof ___ Other _____

Board Member _____

Donor _____

Parent _____

Consider this applicant Active Pending

Alternate address 1 _____

City _____ Zip _____

Telephone Number _____

Alternate Address 2 _____

City _____ Zip _____

Telephone Number _____

ARCHDIOCESE OF HARTFORD

BACKGROUND CHECK

NOTIFICATION AND AUTHORIZATION

This is used to inform you that an investigative report is being obtained from a background investigation agency for the purpose of evaluating you for employment, volunteer service or a contracted position, including retention as an employee, volunteer or independent contractor.

This report may contain information bearing on your character, general reputation, and personal characteristics from public or private record sources. *Please keep in mind that our background check is limited to State Crime Files, Social Security Number Verification and National Sex Offender Registry. All authorization forms will be kept in the Chancery Office in a secured location.*

To Whom It May Concern:

I understand that an investigative report as described above may be obtained. All law enforcement agencies, State Police and courts are authorized to release to Mind Your Business, Inc. for the benefit of the Archdiocese of Hartford and its entity that I serve all written information about me. I give permission for a criminal background to be conducted on me by Mind Your Business, Inc. for the benefit of the Archdiocese of Hartford and its entity that I serve and hereby release all individuals, companies, corporations, and agencies, *public or private*, connected therewith from any and all liability associated with the proper dissemination of such information.

I have been given a copy of this form.

Print Name: _____

Signature: _____

Current Address: _____

Date of Birth (for identification purposes only): _____

Social Security Number: _____ (optional)

If name changed (through marriage or otherwise) print former name here: _____

Priest ____

Deacon ____

Parish or School: St. Martin de Porres Academy

Employee ____

Volunteer ____

City: New Haven, Connecticut 06519

Dated: _____